# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # N96000002933

1. Entity Name
SOUTH CENTRAL NURSING HOMES OF ZEPHYRHILLS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 602 COURTLAND STREET<br>STE 200<br>ORLANDO, FL 32804 | 602 COURTLAND STREET<br>STE 200<br>ORLANDO, FL 32804 |

04212005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3380775 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

TRIMBLE, T.L.
111 N. ORLANDO AVENUE
WINTER PARK, FL 32789-3675

**DO NOT WRITE IN THIS SPACE**

8. *The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.*

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**10.** OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | TD |
| NAME | ELLIOTT, BERNARD |
| STREET ADDRESS | 156 LANCER OAK DRIVE |
| CITY-ST-ZIP | APOPKA, FL 32712 |
| TITLE | VCD |
| NAME | HOATSON, TIM |
| STREET ADDRESS | 2127 S TERRACE BLVD |
| CITY-ST-ZIP | LONGWOOD, FL 32779 |
| TITLE | PD |
| NAME | CAMP, VANN D |
| STREET ADDRESS | 500 WHISPER WOOD DR |
| CITY-ST-ZIP | LONGWOOD, FL 32779 |
| TITLE | CD |
| NAME | JONES, WILLIAM E |
| STREET ADDRESS | 1417 VALLEY PINE CIRCLE |
| CITY-ST-ZIP | APOPKA, FL 32712 |
| TITLE | SD |
| NAME | COE, WALLACE O |
| STREET ADDRESS | 925 SYLVIA DRIVE |
| CITY-ST-ZIP | DELTONA, FL 32725 |
| TITLE | ASD |
| NAME | ROLL, HAROLD |
| STREET ADDRESS | 729 MAY DAY DRIVE |
| CITY-ST-ZIP | APOPKA, FL 32712 |

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04/29/05-80007-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ Vann D. Camp 4/22/05 407-975-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #