

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90091 006 ****61.25

DOCUMENT # N98000002839

1. Corporation Name

WILLIS ADULT FAMILY CARE HOME, INC.

Principal Place of Business

526 PALMER RD
MIDWAY FL 32343

Mailing Address

P O BOX 226
MIDWAY FL 32343



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/18/1998

4. FEI Number

59-3512627

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BAILEY, ALMA
526 PALMER RD
MIDWAY FL 32343

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Alma E. Bailey Alma E. BAILEY

05/18/99

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT/D ☐ DELETE

NAME NATALIE ROSIER

STREET ADDRESS 104 KENDON ROAD

CITY-ST-ZIP MIDWAY, FLORIDA 32343

TITLE VICE-PRESIDENT/D ☐ DELETE

NAME BARRY SPALLEY

STREET ADDRESS 101 KENDON ROAD

CITY-ST-ZIP MIDWAY, FLORIDA 32343

TITLE SECRETARY/TREASURER/D ☐ DELETE

NAME GWENDOLYN SPALLEY

STREET ADDRESS 4007 BALLANT ROAD, APT. 10

CITY-ST-ZIP TALLAHASSEE, FLORIDA 32310

TITLE SEE ATTACHMENT E ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME David Watson

1.3 STREET ADDRESS 20205-505 Brickyard Rd.

1.4 CITY-ST-ZIP Midway, FL 32343

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Mr. L. D. Rickett

2.3 STREET ADDRESS 1864 Maitland Rd.

2.4 CITY-ST-ZIP Tallahassee, FL 32303

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Verda Owens

3.3 STREET ADDRESS P.O. Box 491 - 324 Mine Rd

3.4 CITY-ST-ZIP Midway, FL 32343

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Natalie Rosier Natalie Rosier 4-17-99 576-6118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

ATTACHMENT I

1999 ANNUAL REPORT

WILLIS ADULT FAMILY CARE HOME, INC.

ADDITIONAL DIRECTORS

490213-90091-6
N90000002839

D

Verda Owens
324 Mine Road
P.O. Box 491
Midway, Florida 32343

D

Mary E. McGill
828 St. Johns Church Road
P.O. Box 98
Midway, Florida 32343-0098

D

Damon C. McMillan, MD
5320 Saint Ives Lane
Tallahassee, Florida 32308

D

David Watson
505 Brickyard Road
P.O. Box 205
Midway, Florida 32343

D

L.D. Richet
1824 Meriadoc Road
Tallahassee, Florida 32303