

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90517 010 ****70.00

DOCUMENT # N99000006032

1. Entity Name
SAINT JOSEPH CARE OF FLORIDA, INC.



Principal Place of Business
**2475 GARRISON AVENUE
PORT SAINT JOE, FL 32456**

Mailing Address
**431 OAK AVENUE
PANAMA CITY, FL 32401**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3721710

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILL, R. MICHAEL
431 OAK AVENUE
PANAMA CITY, FL 32401**

Name

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

City

FL

Zip Code

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **PETERS, NATHAN JR.**
STREET ADDRESS **201 PETERS STREET**
CITY-ST-ZIP **PORT SAINT JOE, FL 32456**

TITLE VC/D ☒ Change ☒ Addition
NAME **Bill Williams**
STREET ADDRESS **109 Lightkeepers Drive**
CITY-ST-ZIP **Port St. Joe, FL 32456**

TITLE ☐ Delete
NAME **NORTON, CHARLES W**
STREET ADDRESS **103 ST. JOSEPH DRIVE**
CITY-ST-ZIP **PORT SAINT JOE, FL 32456**

TITLE C/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **HILL, R. MICHAEL**
STREET ADDRESS **1415 BAKER CT.**
CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D
RAMSEY, WILLIAM**
STREET ADDRESS **1004 MARVIN AVENUE**
CITY-ST-ZIP **PORT SAINT JOE, FL 32456**

TITLE S/D ☐ Change ☒ Addition
NAME **Hubert J. Six**
STREET ADDRESS **1501 Monument Avenue**
CITY-ST-ZIP **Port St. Joe, FL 32456**

TITLE ☒ Delete
NAME **GOLSON, JO GARGO**
STREET ADDRESS **7119 BASS STREET**
CITY-ST-ZIP **WEWAHITCHKA, FL 33465**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2004

Date

800-872-4128

Daytime Phone #