

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90357 022 ****61.25



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.

04272006 Chg-NP CR2E037 (4/06)

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, 2006**

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

TITLE: **VCD** Delete
 NAME: **WILLIAMS, BILL**
 STREET ADDRESS: **109 LIGHTKEEPERS DRIVE**
 CITY-ST-ZIP: **PORT SAINT JOE, FL 32456**

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

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

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

TITLE: ~~CD~~ Delete
 NAME: **SIX, HUBERT J**
 STREET ADDRESS: **1501 MONUMENT AVE**
 CITY-ST-ZIP: **PORT SAINT JOE, FL 32456**

TITLE: Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____ Change Addition
 NAME: **SID GRIFFIN, MARY**
 STREET ADDRESS: **2008 CYPRESS AVE**
 CITY-ST-ZIP: **Port St. Joe, FL 32456**

TITLE: **D** Change Addition
 NAME: **Norton, Charles W.**
 STREET ADDRESS: **103 St. Joseph Drive**
 CITY-ST-ZIP: **Port St. Joe, FL 32456**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **C/D** Change Addition
 NAME: **Ramsey, William**
 STREET ADDRESS: **1004 Marvin Ave**
 CITY-ST-ZIP: **Port St. Joe, FL 32456**

TITLE: **VCD** Change Addition
 NAME: **Six, Hubert J**
 STREET ADDRESS: **1501 Monument Ave**
 CITY-ST-ZIP: **Port St. Joe, FL 32456**

TITLE: **T/D** Change Addition
 NAME: **MONETTE, CLARENCE**
 STREET ADDRESS: **313 AVENUE B**
 CITY-ST-ZIP: **Port St. Joe, FL 32456**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/27/06 850-872-4128

Date

Daytime Phone #