## **2006 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # N99000006032

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



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

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

2475 GARRISON AVENUE 43		Mailing Address 431 OAK AVENUE PANAMA CITY, FL 324							
2. Principal Place of Business 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272006 Ch	ng-NP CR	R2E037 (4/06)			
City & State		City & State		4. FEI Number 59-372171	0	<del>  </del>	pplied For ot Applicable		
Zip	Country Zip		Countr				ditional		
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Registe	<u>`</u>		
HILL, R. MICHAEL				Name					
431 ÖAK			Street Address		(P.O. Box Number is Not Acceptable)				
	,								
			(	City		ĺ	FL Zip Cod	ie	
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 a the obligations of registered agent.							, and accept		
the obliga	nors or registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Ag	gent signature required	when reinstating)	DA DA	ATE	<del></del>	
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\$ \$	Filing Fee is \$61.25 Due by May 1, 2006		mpaign Fina Contribution		\$5.00 May Be Added to Fees		heck payable t		
10.	Due by May 1, 2006 OFFICERS AND DIF	Trust Fund		i.	Added to Fees  ADDITIONS/CHANGE		partment of S	tate	
10.	OFFICERS AND DIF	Trust Fund	Contribution 11. TITLE	ISI	Added to Fees ADDITIONS/CHANGE	Florida De	D DIRECTORS IN	tate	
10.	Due by May 1, 2006 OFFICERS AND DIF	Trust Fund	Contribution 11.	ISI	Added to Fees ADDITIONS/CHANGE	Florida De	D DIRECTORS IN	tate	
10. TITLE NAME	OFFICERS AND DIF	Trust Fund	11. TITLE NAME	ADDRESS Z	Added to Fees ADDITIONS/CHANGE	Florida De	D DIRECTORS IN Change	tate	
10. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE T- T-	OFFICERS AND DIF  VCD  WILLIAMS, BILL  109 LIGHTKEEPERS DRIVE  PORT SAINT JOE, FL 32456  GB	Trust Fund	TITLE NAME STREET A CITY-ST-	ADDRESS Z	Added to Fees ADDITIONS/CHANGE D TIFFIN M TIFFIN	Florida De	D DIRECTORS IN Change	tate	
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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 or an attachment with an address, with all other like empowered.

SIGNATURE:

DIVITALL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR