

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90137 001 \*\*\*306.25

**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

**DO NOT WRITE IN THIS SPACE**



04232007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3721710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE SD  
NAME GRIFFIN, MARY  
STREET ADDRESS 2008 CYPRESS AVE  
CITY-ST-ZIP PORT SAINT JOE, FL 32456

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

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

TITLE CD  
NAME RAMSEY, WILLIAM  
STREET ADDRESS 1004 MARVIN AVENUE  
CITY-ST-ZIP PORT SAINT JOE, FL 32456

TITLE VCD  
NAME SIX, HUBERT J  
STREET ADDRESS 1501 MONUMENT AVE  
CITY-ST-ZIP PORT SAINT JOE, FL 32456

TITLE TD  
NAME MONETTE, CLARENCE  
STREET ADDRESS 313 AVE B  
CITY-ST-ZIP PORT SAINT JOE, FL 32456

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

4/23/2007 800-872-4128

**BIG BEND HEALTH COUNCIL, INC.**

431 OAK AVENUE  
PANAMA CITY, FL 32401  
(850) 872-4128

BAY BANK & TRUST CO.  
PANAMA CITY, FLORIDA

8223

PAY  
TO THE  
ORDER OF

ATTACHMENT

63-520/632

66070383

\$

DOLLARS

1500

32302-1500

444000006032

MEMO

786607, 765671, 765400, 004000007630



Terri Anderson

AUTHORIZED SIGNATURE

**BIG BEND HEALTH COUNCIL, INC.**

8223

01/20/12 BILL N.W. FL. HEALTH COUNCIL, INC  
01/20/12 BILL SUNSHINE STATE HEALTH PRS, INC  
01/20/12 BILL BIG BEND HEALTH COUNCIL, INC  
01/20/12 BILL FL ASSN OF HEALTH PLANNING AGENCIES, INC  
01/20/12 BILL SAINT JOSEPH CARE OF FL, INC