

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006032

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: SAINT JOSEPH CARE OF FLORIDA, INC.

## Current Principal Place of Business:

2475 GARRISON AVENUE  
PORT SAINT JOE, FL 32456

## New Principal Place of Business:

## Current Mailing Address:

431 OAK AVENUE  
PANAMA CITY, FL 32401

## New Mailing Address:

FEI Number: 59-3721710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: GRIFFIN, MARY  
Address: 2008 CYPRESS AVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D ( ) Delete  
Name: NORTON, CHARLES W  
Address: 103 ST. JOSEPH DRIVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D ( ) Delete  
Name: HILL, R. MICHAEL  
Address: 1415 BAKER CT.  
City-St-Zip: PANAMA CITY, FL 32401

Title: CD ( ) Delete  
Name: RAMSEY, WILLIAM  
Address: 1004 MARVIN AVENUE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: VCD ( ) Delete  
Name: SIX, HUBERT J  
Address: 1501 MONUMENT AVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: TD ( ) Delete  
Name: MONETTE, CLARENCE  
Address: 313 AVE B  
City-St-Zip: PORT SAINT JOE, FL 32456

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GASKIN, SHARON  
Address: 236 OLD PANAMA HWY  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: RAMSEY, WILLIAM  
Address: 1004 MARVIN AVENUE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R MICHAEL HILL

D

04/17/2008

Electronic Signature of Signing Officer or Director

Date