

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006032

FILED
Apr 14, 2009
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 ()

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: GASKIN, SHARON
Address: 236 OLD PANAMA HWY
City-St-Zip: WEWAHITCHKA, FL 32465

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

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

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

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

Title: () Change () Addition
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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

04/14/2009

Electronic Signature of Signing Officer or Director

Date