

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000117

Entity Name: FRIENDS OF THE CLIFFORD C. SIMS STATE VETERANS
NURSING HOME, INC.**Current Principal Place of Business:**4419 TRAM ROAD
SPRINGFIELD, FL 32404**Current Mailing Address:**4419 TRAM ROAD
SPRINGFIELD, FL 32404**FEI Number: 34-1976410****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BUDZIEN, BRIAN
2851 JEFFERSON STREET
MARIANNA, FL 32448 US*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: BRIAN BUDZIEN****03/17/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	O
Name	DEEGINS, JOHN H
Address	840 W 11TH ST
City-State-Zip:	PANAMA CITY FL 32401

Title	O
Name	HYATT, CHRISTOPHER A
Address	1331 SOUTH BLVD
City-State-Zip:	CHIPLEY FL 32428

Title	D
Name	MARSH, JOEY D
Address	812-B S WAUKESHA ST
City-State-Zip:	BONIFAY FL 32425

Title	O
Name	PAUL, JOE
Address	1000 CECIL G COSTIN SR BLVD ROOM 303
City-State-Zip:	PORT ST JOE FL 32456

Title	AD
Name	KELLEY, MARK
Address	63 BOPETE MANOR ROAD
City-State-Zip:	DEFUNIAL SPRINGS FL 32435

Title	O
Name	CHARLES, ELLIOTT B
Address	FRANKLIN COUNTY COURTHOUSE
City-State-Zip:	APALACHICOLA FL 32320

I hereby 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 all other like empowered.

SIGNATURE: JOHN DEEGINS**OFFICER****03/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date