

SEC ND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000001530 (3)
 1. Corporation Name

THE DAUGHTERS OF DORCAS MATERNITY HOME INCORPORATED

Principal Place of Business: **RURAL ROUTE 1 BOX 370 BRISTOL FL 32321**
 Mailing Address: **RURAL ROUTE 1 BOX 370 BRISTOL FL 32321**

FILED
96 SEP -4 AM 8:07



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1995	3a. Date of Last Report 3-31-95
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3309844	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BISHOP, EDNA M RURAL ROUTE 1 BOX 370 BRISTOL FL 32321				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Founder/Chairperson	<input type="checkbox"/> DELETE		1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Edna M. Bishop	DIRECTOR		1.2 NAME	Brenda Sweet		
STREET ADDRESS	Route 1 Box 370	NA		1.3 STREET ADDRESS	P.O Box 1093		
CITY-ST-ZIP	Bristol, FL 32321			1.4 CITY-ST-ZIP	Bristol, FL 32321		NA
TITLE	Vice Chairperson	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Frank Bishop	DIRECTOR		2.2 NAME			
STREET ADDRESS	Route 1 Box 370	NA		2.3 STREET ADDRESS			
CITY-ST-ZIP	Bristol, FL 32321			2.4 CITY-ST-ZIP			
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE		3.1 TITLE			
NAME	Nora Gavin			3.2 NAME			
STREET ADDRESS	Route 5 Box 2081			3.3 STREET ADDRESS			
CITY-ST-ZIP	Crawfordville, FL 32327			3.4 CITY-ST-ZIP			
TITLE	Financial Secretary	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Lawrence Harris	DIRECTOR		4.2 NAME			
STREET ADDRESS	3188-B Diana Lane			4.3 STREET ADDRESS			
CITY-ST-ZIP	Marianna, FL 32446			4.4 CITY-ST-ZIP			
TITLE	Treasurer	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Earl McGlockton	DIRECTOR		5.2 NAME			
STREET ADDRESS	18885 Northwood Blvd.			5.3 STREET ADDRESS			
CITY-ST-ZIP	Tallahassee, FL 32303			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 13 if changed, or on an attachment with an address.

SIGNATURE: Edna Bishop Founder/Chairperson August 07, 1996
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)