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1997 JUL 16 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001530 (3)
1. Corporation Name
THE DAUGHTERS OF DORCAS MATERNITY HOME INCORPORATED



Principal Place of Business 9724 HERON LANE TALLAHASSEE, FL 32310	Mailing Address RURAL ROUTE 1 BOX 370 BRISTOL FL 32321-9533
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3. Date Incorporated or Qualified 03/31/1995	3a. Date of Last Report 09/04/1996
4. FEI Number 59-3309844	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 9724 Heron Lane Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State Tallahassee, FL 32310	27 City & State
23 Zip 32310	24 Country
25 Zip 32310	26 Country

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

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: *[Signature]* DATE: _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P BISHOP, EDNA M	1.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 370	1.3 STREET ADDRESS	000002239740--0
CITY-ST-ZIP	BRISTOL FL 32321	1.4 CITY-ST-ZIP	-07/16/97--01075--008
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VCO BISHOP, FRANK	2.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 370	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL 32321	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S SWEET, BRENDA	3.2 NAME	Rosetta Daughtrey
STREET ADDRESS	P.O. BOX 1093, N/A	3.3 STREET ADDRESS	P O Box 607 N/A
CITY-ST-ZIP	BRISTOL FL 32321	3.4 CITY-ST-ZIP	Bristol, FL 32321
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer HARRIS, LAWRENCE	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	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TD MCGLOCKTON, EARL	5.2 NAME	Chairperson Debra Adkins
STREET ADDRESS	18885 NORTHWOOD BLVD.	5.3 STREET ADDRESS	P. O. Box 244 N/A
CITY-ST-ZIP	TALLAHASSEE FL 32303	5.4 CITY-ST-ZIP	Altha, FL 32421
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 12 or Block 13 if changed, or on an attachment with an address.

[Signature]

CF2E037 (9/96)

[Handwritten initials]
7/16/97