

FILE NOW: PILING FEE IS \$61.25

FILED

**May 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 9724 HERON LANE TALLAHASSEE FL 32310
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3. Date Incorporated or Qualified
03/31/1995

4. FEI Number 59-3309844	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BISHOP, EDNA M
RURAL ROUTE 3 BOX 370
BRISTOL FL 32321**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, EDNA M	1.2 NAME	
STREET ADDRESS	ROUTE 3 BOX 370	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL 32321	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, FRANK	2.2 NAME	
STREET ADDRESS	ROUTE 3 BOX 370	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL 32321	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUGHTREY, ROSETTA	3.2 NAME	
STREET ADDRESS	P.O. BOX 807 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL 32321	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINS, DEBRA	5.2 NAME	
STREET ADDRESS	P.O. BOX 244 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTA FL 32421	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	

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14. I 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: *[Signature]* **Edna M Bishop** **4-30-98** **950-143-5129**

CR2E037 (10/97)