

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
99 APR 27 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001530

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Post Office Box 20708	03/31/1995
22. City & State	27. Suite, Apt. #, etc.	4. FEI Number
23. Zip	28. Tallahassee, FL 32316	59-3309844
24. Country	29. Zip	Applied For
25. Country	30. Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BISHOP, EDNA M RURAL ROUTE 3 BOX 370 BRISTOL FL 32321		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3.	
		B4. City	FL B5. 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 _____ Signature, typed or printed name of registered agent and title if applicable (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	600002859326--1
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	-04/30/99--01140--001
NAME	BISHOP, FRANK	2.2 NAME	*****61.25 *****61.25
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 607 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	ALTHA 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	

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. I am attaching an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 4-29-99 DAYTIME PHONE #: 850-643-5129

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