

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 732689 (5)

1. Corporation Name

WINTER HAVEN BAPTIST MANOR, INC.

Principal Place of Business

140 AVE A S W  
WINTER HAVEN FL 33880

Mailing Address

140 AVE A S W  
WINTER HAVEN FL 33880-63033. Date Incorporated or Qualified  
05/07/19753a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

25 Country

27 City &amp; State

28 Zip

30 Country

4. FEI Number

59-1609564

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐Yes ☐ No

## 9. Name and Address of Current Registered Agent

GRASS, HELEN  
1475 LAKE HOWARD DRIVE, S.W.  
WINTER HAVEN FL 33880

## 10. Name and Address of New Registered Agent

81 Name

LUCIUS M. DIAL, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

501 EAST KENNEDY BLVD.

83

SUITE 1400

84 City

TAMPA

FL

85 Zip Code

33602

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

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | D                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | MARSHALL, HAZEL           |  |
| STREET ADDRESS | 686 SE WAKULLA            |  |
| CITY-ST-ZIP    | WINTER HAVEN, FL 00000    |  |
| TITLE          | SD                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | OWENS, JOANN              |  |
| STREET ADDRESS | 122 MIRROR LANE NW        |  |
| CITY-ST-ZIP    | WINTER HAVEN, FL 00000    |  |
| TITLE          | PD                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | GRASS, HELEN              |  |
| STREET ADDRESS | 1475 LAKE HOWARD DR SW    |  |
| CITY-ST-ZIP    | WINTER HAVEN, FL 00000    |  |
| TITLE          | <del>VICE PRESIDENT</del> | <input checked="" type="checkbox"/> DELETE |
| NAME           | STEWART, WAYNE            |  |
| STREET ADDRESS | 1214 CYPRESS POINT E      |  |
| CITY-ST-ZIP    | WINTER HAVEN, FL 00000    |  |
| TITLE          | VD                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | REED, FOSTER              |  |
| STREET ADDRESS | 1776 6TH ST, NW           |  |
| CITY-ST-ZIP    | WINTER HAVEN, FL 00000    |  |
| TITLE          |                           | <input type="checkbox"/> DELETE            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                         |  |
|--------------------|-------------------------|--|
| 1.1 TITLE          | PRESIDENT               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | MARION ROBERTS          |  |
| 1.3 STREET ADDRESS | 44 LAKE LINK CIRCLE     |  |
| 1.4 CITY-ST-ZIP    | WINTER HAVEN, FL 33884  |  |
| 2.1 TITLE          | TREASURER               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | PERRY BURNHAM           |  |
| 2.3 STREET ADDRESS | 1109 11th COURT NE      |  |
| 2.4 CITY-ST-ZIP    | WINTER HAVEN FL 33881   |  |
| 3.1 TITLE          | SECRETARY               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | SHIRLEY CHAPMAN         |  |
| 3.3 STREET ADDRESS | 130 PATTERSON DRIVE     |  |
| 3.4 CITY-ST-ZIP    | AVONDALE FL 33823       |  |
| 4.1 TITLE          | VICE PRESIDENT          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | WAYNE STEWART           |  |
| 4.3 STREET ADDRESS | 1214 CYPRESS POINT EAST |  |
| 4.4 CITY-ST-ZIP    | WINTER HAVEN, FL 33884  |  |
| 5.1 TITLE          | DIRECTOR                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | TERESA NIGHTINGALE      |  |
| 5.3 STREET ADDRESS | 545 ALANIE K, SE.       |  |
| 5.4 CITY-ST-ZIP    | WINTER HAVEN, FL 33880  |  |
| 6.1 TITLE          | DIRECTOR                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | MARVIN ROBERTS          |  |
| 6.3 STREET ADDRESS | 2019 OLIVER ST          |  |
| 6.4 CITY-ST-ZIP    | WINTER HAVEN, FL 33881  |  |

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:

MARION ROBERTS - PRESIDENT

SIGNATURE REQUIRED

4-29-97 941-293-8194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0064530

CR2E037 (9/96)