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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90100 008 \*\*\*\*61.25

**DOCUMENT # 732689**

1. Corporation Name

**WINTER HAVEN BAPTIST MANOR, INC.**

Principal Place of Business

198 W. CENTRAL AVE.  
WINTER HAVEN FL 33880

Mailing Address

198 W. CENTRAL AVE.  
WINTER HAVEN FL 33880



2. Principal Place of Business

21 140 Ave. A, SW

Suite, Apt. #, etc.

22

City & State

23 Winter Haven FL

Zip

Country

24 33880

25 USA

2a. Mailing Address

26 140 Ave. A, SW

Suite, Apt. #, etc.

27

City & State

28 Winter Haven FL

Zip

Country

29 33880

30 USA

3. Date Incorporated or Qualified

05/07/1975

4. FEI Number

59-1609564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

DYAL, LUCIUS M JR.  
501 E. KENNEDY BLVD., STE. 1400  
TAMPA FL 33602

10. Name and Address of New Registered Agent

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

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 PD ☐ DELETE

NAME ROGERS, MARION  
STREET ADDRESS 44 LAKE LINK CIRCLE  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE T ☐ DELETE

NAME BURNHAM, PERRY  
STREET ADDRESS 1109 11TH COURT NE  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE SD ☐ DELETE

NAME CHAPMAN, SHIRLEY  
STREET ADDRESS 130 PATTERSON DRIVE  
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE VPD ☐ DELETE

NAME STEWART, WAYNE  
STREET ADDRESS 1214 CYPRESS POINT E  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE D ☒ DELETE

NAME NIGHTINGALE, TERESA  
STREET ADDRESS 545 AVENUE K ST  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☐ DELETE

NAME HERRERA, MARVIN  
STREET ADDRESS 2019 OLIVER PLACE  
CITY-ST-ZIP WINTER HAVEN FL 33881

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Fry, Matthew  
1.3 STREET ADDRESS 49 Lake Link Circle, S.E.  
1.4 CITY-ST-ZIP Winter Haven FL 33884

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*M. Rogers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 1999 (941) 293-8194

Date

Daytime Phone #

CR2E037 (11/98)