

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743134** (9)
1. Corporation Name
FLORIDA CHRISTIAN MANOR, INC.



Principal Place of Business Mailing Address
3505 CORBY STREET JACKSONVILLE FL 32205

3. Date Incorporated or Qualified **06/06/1978** 3a. Date of Last Report **03/10/1995**
4. FEI Number **59-1862607** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	DELANY, CATHERINE	
STREET ADDRESS	2442 BARLAD DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, ROBERT E.	
STREET ADDRESS	1840 SOUTHSIDE BLVD, #1A	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, PEERY	
STREET ADDRESS	4581 SW PARKGATE BLVD	
CITY-ST-ZIP	PALM CITY FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	POOLEY, ROY	
STREET ADDRESS	1960 RIVER BLUFF	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCUTCHEON, BILL	
STREET ADDRESS	4010 NEWBERRY ROAD, STE. A	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOWETT, DOROTHY	
STREET ADDRESS	9455 SW 145 PLACE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Britton, Tamer	
13 STREET ADDRESS	P.O. Box 12163	
14 CITY-ST-ZIP	Jacksonville, Fl 32209	
21 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Ethridge, James B.	
23 STREET ADDRESS	304 Wilson's Mills Rd	
24 CITY-ST-ZIP	Smithfield, NC 27577	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Thompson, William L.	
63 STREET ADDRESS	1905 N. Patterson ST.	
64 CITY-ST-ZIP	Valdosta, GA 31602-2942	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William L. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 23, 1996 904/ 381-4800
Daytime Phone #

CR2E037 (12/95)