

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743134** (9)

1. Corporation Name

FLORIDA CHRISTIAN MANOR, INC.



Principal Place of Business	Mailing Address
3505 CORBY STREET JACKSONVILLE FL 32205	3505 CORBY STREET JACKSONVILLE FL 32205-5920

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1978		3a. Date of Last Report 03/13/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1862607		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRITTON, TAMER			1.2 NAME			
STREET ADDRESS	P.O. BOX 12163			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ETHRIDGE, JAMES B.			2.2 NAME			
STREET ADDRESS	304 WILSONS MILLS ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	SMITHFIELD NC			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LEWIS, PEERY			3.2 NAME			
STREET ADDRESS	4581 SW PARKGATE BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL			3.4 CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POOLEY, ROY			4.2 NAME			
STREET ADDRESS	1980 RIVER BLUFF			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCCUTCHEON, BILL			5.2 NAME			
STREET ADDRESS	4010 NEWBERRY ROAD, STE. A			5.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			5.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMPSON, WILLIAM L.			6.2 NAME			
STREET ADDRESS	1905 N PATTERSON STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	VALDOSTA GA			6.4 CITY-ST-ZIP			

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 in Block 14 if added, with an address.

Bonita D. Updegraff

CR2E037 (9/96)