



2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 743134 1. Entity Name FLORIDA CHRISTIAN MANOR, INC.					
Principal Place of Business 3505 CORBY STREET JACKSONVILLE, FL 32205				Mailing Address 3508 CORBY STREET JACKSONVILLE, FL 32205	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3505 Corby Street		<div style="font-size: 24px; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; margin-bottom: 10px;">05 NOV 30 PM 5: 36</div> <div style="font-size: 14px; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="font-size: 12px; margin-top: 10px;">10262005 Chg-NP CR2E037 (10/03)</div>	
City & State Jacksonville FL		City & State Jacksonville FL			
Zip 32205		Country USA			
4. FEI Number 59-1862607		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> <div style="text-align: right;">Zip Code</div>					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE PRES		NAME ALEXANDER, MARK G		STREET ADDRESS 4610 IROQUOIS AVE	
CITY-ST-ZIP JACKSONVILLE, FL 32210		CITY-ST-ZIP JACKSONVILLE, FL 32210		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE VP		NAME GEE, KAREY E L		STREET ADDRESS 3520 JACONA DR	
CITY-ST-ZIP JACKSONVILLE, FL 32277		CITY-ST-ZIP JACKSONVILLE, FL 32277		CITY-ST-ZIP JACKSONVILLE, FL 32277	
TITLE TREA		NAME EDDIE, SHEREE L		STREET ADDRESS 10755 GRAYSON ST	
CITY-ST-ZIP JACKSONVILLE, FL 32277-32020		CITY-ST-ZIP JACKSONVILLE, FL 32277-32020		CITY-ST-ZIP JACKSONVILLE, FL 32277-32020	
TITLE SECY		NAME MURRAY, RODGER L		STREET ADDRESS 5319 SECLUDED OAKS LN	
CITY-ST-ZIP JACKSONVILLE, FL 32247-32210		CITY-ST-ZIP JACKSONVILLE, FL 32247-32210		CITY-ST-ZIP JACKSONVILLE, FL 32247-32210	
TITLE PRES		NAME Hull, Richard J. II		STREET ADDRESS 2841 Riverside Ave.	
CITY-ST-ZIP Jacksonville, FL 32205		CITY-ST-ZIP Jacksonville, FL 32205		CITY-ST-ZIP Jacksonville, FL 32205	
TITLE PRES		NAME Hull, Richard J. II		STREET ADDRESS 2841 Riverside Ave.	
CITY-ST-ZIP Jacksonville, FL 32205		CITY-ST-ZIP Jacksonville, FL 32205		CITY-ST-ZIP Jacksonville, FL 32205	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Richard J. Hull II</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # <u>904-389-1751</u>					