

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 # 767056 (5)
1. Corporation Name
WINTER HAVEN BAPTIST MANOR FOUNDATION, INC.



Principal Place of Business
**140 AVE. A. SW
WINTER HAVEN FL 33880**

Mailing Address
**140 AVE. A. SW
WINTER HAVEN FL 33880**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/17/1983		3a. Date of Last Report 03/15/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2284298		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		30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRASS, HELEN 1475 LAKE HOWARD DR SW WINTER HAVEN FL 33880				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHALL, HAZEL			1.2 NAME	STEWART, WAYNE		
STREET ADDRESS	686 WAKULLA SE			1.3 STREET ADDRESS	1214 CYPRESS POINT E.		
CITY-ST-ZIP	WINTER HAVEN FL			1.4 CITY-ST-ZIP	WINTER HAVEN, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRASS, HELEN			2.2 NAME	VAUGHN, FRANK		
STREET ADDRESS	1475 LAKE HOWARD DR. SW			2.3 STREET ADDRESS	1336 EVELYN DR., S.E.		
CITY-ST-ZIP	WINTER HAVEN FL			2.4 CITY-ST-ZIP	WINTER HAVEN, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REED, FOSTER			3.2 NAME			
STREET ADDRESS	1776 6TH ST, NW			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMOREUX, EDNA			4.2 NAME			
STREET ADDRESS	921 OLEANDER DR, SE			4.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OWENS, JOANN			5.2 NAME			
STREET ADDRESS	122 MIRROR LANE NW			5.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, MARION			6.2 NAME			
STREET ADDRESS	44 LAKE LINK CIR SE			6.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			6.4 CITY-ST-ZIP			

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: Helen Grass (President) 4-1-96 941-294-1048
HELEN GRASS Date Daytime Phone

CR2E037 (12/95)