

# 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 # 768730 (4)

1. Corporation Name  
**BAPTIST HOME FOR CHILDREN, INC.**



Principal Place of Business Mailing Address  
**% JIM COLE**  
**2300 BARTRAM RD.**  
**JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified **06/01/1983** 3a. Date of Last Report **07/03/1995**  
4. FEI Number **59-0651072** 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. Zip  
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent  
**COLE, JIM**  
**2300 BARTRAM RD.**  
**JACKSONVILLE FL 32207**

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]* 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	P	<input type="checkbox"/> DELETE
NAME	WILLIAMD, THERRELL	
STREET ADDRESS	2837 SPANISH COVE TRAIL	
CITY - ST - ZIP	JACKSONVILLE FL 32257	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NAPIER, SUSAN M.D.	
STREET ADDRESS	8787 SOUTHSIDE BLVD, #404	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MELTON, RAY DR	
STREET ADDRESS	6805 SAN SEBASTIAN AVE	
CITY - ST - ZIP	JACKSONVILLE FL 32217	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HITZING, ELLIS W.	
STREET ADDRESS	5637 BUFFALO AVENUE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONNELL, JACK	
STREET ADDRESS	10261 BRIARCLIFF ROAD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLE, JIM	
STREET ADDRESS	2300 BARTRAM ROAD	
CITY - ST - ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MELTON, DR. RAY	
1.3 STREET ADDRESS	6805 SAN SEBASTIAN AVE.	
1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32217	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LAMPP, DAVID L.	
2.3 STREET ADDRESS	11730 SPARKLE BERRY LANE	
2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32223-0107	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NAPIER, SUSAN DR.	
3.3 STREET ADDRESS	8787 Southside Blvd #404	
3.4 CITY - ST - ZIP	JACKSONVILLE, FL 32256	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/23/96** Daytime Phone # **904-721-2711**

CR2E037 (12/95)