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FILED
May 14 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 # 768730 (4)

1. Corporation Name
BAPTIST HOME FOR CHILDREN, INC.



Principal Place of Business % JIM COLE 2300 BARTRAM RD. JACKSONVILLE FL 32207	Mailing Address % JIM COLE 2300 BARTRAM RD. JACKSONVILLE FL 32207-2623
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3. Date Incorporated or Qualified 06/01/1983	3a. Date of Last Report 05/01/1996
4. FEI Number 59-0651072	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	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
85 Zip Code

FL

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]* DATE **4/29/97**

Sign in black, blue or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MELTON, RAY D	
STREET ADDRESS	6806 SAN SEBASTIAN AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LAMPP, DAVID L	
STREET ADDRESS	11700 SPARKLEBERRY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 07	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NAPIER, SUSAN D	
STREET ADDRESS	6767 SOUTHSIDE BLVD #404	
CITY-ST-ZIP	JACKSONVILLE FL	
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	NAPIER, DR. SUSAN	
1.3 STREET ADDRESS	7844 FEATHER OAKS DRIVE.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SPIERS, BILL	
2.3 STREET ADDRESS	3770 TOWNSEND OAK CT.	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VAN LANDINGHAM, JIM	
3.3 STREET ADDRESS	7601 HOLLY RIDGE CIR.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
4.1 TITLE		<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 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 on an attachment with an address.

SIGNATURE *[Signature]* DATE **4/29/97 and 02/22/97**

CR2E037 (9/96)