

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	% JIM COLE 2300 BARTRAM RD. JACKSONVILLE FL 32207

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	29 Country
25	30

3. Date Incorporated or Qualified	Applied For
06/01/1983	Not Applicable
4. FEI Number	
59-0651072	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLE, JIM 2300 BARTRAM RD. JACKSONVILLE FL 32207	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	Philip R. HARRISON 2300 BARTRAM RD. JACKSONVILLE FL 32207

11. Pursuant to the provisions of Sections 617.0502 and 617.150B, 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: *Philip R. Harrison* Intern Director
 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	<input type="checkbox"/> DELETE
NAME	P NAPIER, DR. S
STREET ADDRESS	7844 FEATHER OAKS DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	S SPIERS, BILL
STREET ADDRESS	3770 TOWNSEND OAK CT.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	V VAN LANDINGHAM, JIM
STREET ADDRESS	7601 HOLLYRIDGE CIR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD HITZING, ELLIS W.
STREET ADDRESS	5637 BUFFALO AVENUE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D CONNELL, JACK
STREET ADDRESS	10261 BRIARCLIFF ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D COLE, JIM
STREET ADDRESS	2300 BARTRAM ROAD
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P Melton, DR. RAY
1.3 STREET ADDRESS	6805 SAN SEBASTIAN AVE
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S WOOD, TY
2.3 STREET ADDRESS	1521 RIVER OAKS Rd.
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V MURRAY, Rev. Michael
3.3 STREET ADDRESS	6661 RAMOTH DR.
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32226
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D ALLEN, DR. DAN
5.3 STREET ADDRESS	1824 DEAN Rd.
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D HARRISON, Philip R.
6.3 STREET ADDRESS	2300 BARTRAM RD.
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207

14. 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 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: *Philip R. Harrison*

CR2E037 (10/97)