

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
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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
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3. Date Incorporated or Qualified 06/01/1983	
4. FEI Number 59-0651072	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

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
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 COLE, JIM 2300 BARTRAM RD. JACKSONVILLE FL 32207	10. Name and Address of New Registered Agent 81 Name Philip R. HARRISON 82 Street Address (P.O. Box Number is Not Acceptable) 2300 BARTRAM RD. 83 84 City JACKSONVILLE FL 85 Zip Code 32207
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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* **Philip R. Harrison** *Interim 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPIER, DR. S	1.2 NAME	MELTON, DR. RAY
STREET ADDRESS	7844 FEATHER OAKS DRIVE	1.3 STREET ADDRESS	6805 SAN SEBASTIAN AVE
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIERS, BILL	2.2 NAME	WOOD, TY
STREET ADDRESS	3770 TOWNSEND OAK CT.	2.3 STREET ADDRESS	1521 RIVER OAKS RD.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN LANDINGHAM, JIM	3.2 NAME	MURRAY, Rev. MICHAEL
STREET ADDRESS	7601 HOLLYRIDGE CIR.	3.3 STREET ADDRESS	6661 RAMOTH DR.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32226
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITZING, ELLIS W.	4.2 NAME	HARRISON, Philip R.
STREET ADDRESS	5637 BUFFALO AVENUE	4.3 STREET ADDRESS	2300 BARTRAM RD.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELL, JACK	5.2 NAME	ALLEN, DR. DAN
STREET ADDRESS	10261 BRIARCLIFF ROAD	5.3 STREET ADDRESS	1824 DEAN RD.
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, JIM	6.2 NAME	HARRISON, Philip R.
STREET ADDRESS	2300 BARTRAM ROAD	6.3 STREET ADDRESS	2300 BARTRAM RD.
CITY-ST-ZIP	JACKSONVILLE FL	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)