

**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 # **N05431** (4)

1. Corporation Name  
**THE BAPTIST MANOR, INC.**



Principal Place of Business: 11095 HILLVIEW ROAD, 1717 NORTH "E" ST., SUITE 320, PENSACOLA FL 32514 US  
Mailing Address: P.O. BOX 17500, 1717 NORTH "E" ST., SUITE 320, PENSACOLA FL 32522-7500

3. Date Incorporated or Qualified: 10/01/1984  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 58-1259262  
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 (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
**VAN SLYKE, ROBERT E.**  
1717 NORTH "E" ST., SUITE 320  
PENSACOLA FL 32501

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 617.0502, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/2/96

12. OFFICERS AND DIRECTORS

TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	TAMBURELLO, G. B.	
STREET ADDRESS	5930 ADMIRAL DOYLE ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	MAGUIRE, MICHAEL I.	
STREET ADDRESS	100 WEST GARDEN ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MOTT, ROGER C. DR.	
STREET ADDRESS	7823 APOLLO DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, ANNA W.	
STREET ADDRESS	200 LAURA LANE	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DANIELS, ELIZABETH K.	
STREET ADDRESS	4095 CONNELL DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MOORE, MARJORIE T.	
STREET ADDRESS	204 BAYOU BLVD.	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roger C. Mott	
1.3 STREET ADDRESS	7823 Apollo Drive	
1.4 CITY-ST-ZIP	Pensacola, FL 32506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VCD	
2.2 NAME	James C. Robinson, Jr.	
2.3 STREET ADDRESS	9891 Heather Drive	
2.4 CITY-ST-ZIP	Cantonment, Florida 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Larry K. Hicks	
3.3 STREET ADDRESS	Post Office Box 12646	
3.4 CITY-ST-ZIP	Pensacola FL 32574	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sharon M. Brooks	
4.3 STREET ADDRESS	5849 Pebble Ridge Drive	
4.4 CITY-ST-ZIP	Milton, FL 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Marjorie T. Moore	
5.3 STREET ADDRESS	204 Bayou Boulevard	
5.4 CITY-ST-ZIP	Pensacola, FL 32503	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* DATE: 4/02/96 DAYTIME PHONE #: 904/469-2339

CR2E037 (12/95)