

*SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

11095 HILLVIEW ROAD
1717 NORTH "E" ST., SUITE 320
PENSACOLA FL 32514
US

P.O. BOX 17500
1717 NORTH "E" ST., SUITE 320
PENSACOLA FL 32522-7500

APPROVED
AND
FILED

97 AUG -1 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1984	3a. Date of Last Report 04/10/1996
4. FEI Number 58-1259262	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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 10095 Hillview Road Suite, Apt. #, etc. 22 City & State 23 Pensacola, FL Zip 24 32514	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA
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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 000002260050--6
84 City

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, 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	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOTT, ROGER C.	1.2 NAME	Ranelli, F. Edward
STREET ADDRESS	7823 APOLLO DRIVE	1.3 STREET ADDRESS	4568 Bohemia Place
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, FL 32504
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	000002260050--6
NAME	ROBINSON JR., JAMES C.	2.2 NAME	-08/06/97-01117-002
STREET ADDRESS	9891 HEATHER DRIVE	2.3 STREET ADDRESS	*****8.75 *****8.75
CITY-ST-ZIP	CANTONMENT FL	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTT, ROGER C. DR.	3.2 NAME	MOTT, ROGER C. DR.
STREET ADDRESS	7823 APOLLO DRIVE	3.3 STREET ADDRESS	7823 Apollo Drive
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Pensacola, FL 32506
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, SHARON M.	4.2 NAME	THIELHORN, CHERYL A.
STREET ADDRESS	5849 PEBBLE RIDGE DRIVE	4.3 STREET ADDRESS	8504 JADE ACRES ROAD
CITY-ST-ZIP	MILTON FL	4.4 CITY-ST-ZIP	PENSACOLA FL 32526
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	000002260050--6
NAME	MOORE, MARJORIE T.	5.2 NAME	-08/06/97-01117-002
STREET ADDRESS	204 BAYOU BLVD	5.3 STREET ADDRESS	*****8.75 *****8.75
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, MARJORIE T.	6.2 NAME	HICKS, LARRY K.
STREET ADDRESS	204 BAYOU BLVD.	6.3 STREET ADDRESS	P. O. BOX 12646
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	PENSACOLA, FL 32574

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 REQUIRED

7-24-97 904-469-2339