

•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).

APPROVED
AND
FILED

97 AUG -1 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 P.O. BOX 17500
 1717 NORTH "E" ST., SUITE 320 1717 NORTH "E" ST., SUITE 320
 PENSACOLA FL 32514 PENSACOLA FL 32522-7500
 US

3. Date Incorporated or Qualified 10/01/1984 3a. Date of Last Report 04/10/1996

2. Principal Place of Business 2a. Mailing Address

21 10095 Hillview Road 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 Pensacola, FL 28
 Zip Country Zip Country
 24 32514 25 USA 29 30

4. FEI Number 58-1259262 Applied For Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 08/06/97 01117-002
 *****61.2FL*****61.25

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

Handwritten: A. above 8/4/97

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