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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N05431

1. Corporation Name

THE BAPTIST MANOR, INC.

Principal Place of Business

10095 HILLVIEW ROAD  
PENSACOLA FL 32514  
US

Mailing Address

10095 HILLVIEW ROAD  
PENSACOLA FL 32514  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/01/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
58-1259262

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAN SLYKE, ROBERT E.  
1717 NORTH "E" ST., SUITE 320  
PENSACOLA FL 32501

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 P  
NAME RANELLI, F. EDWARD  
STREET ADDRESS 4568 BOHEIA PLACE  
CITY-ST-ZIP PENSACOLA FL 32504

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VCD  
NAME ROBINSON JR., JAMES C.  
STREET ADDRESS 9891 HEATHER DRIVE  
CITY-ST-ZIP CANTONMENT FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE AS  
NAME THIELHORN, CHERYL  
STREET ADDRESS 8504 JADE ACRES ROAD  
CITY-ST-ZIP PENSACOLA FL 32526

3.1 TITLE AS  
3.2 NAME DICKEY, SUSAN  
3.3 STREET ADDRESS 4930 Flea Calle Lane  
3.4 CITY-ST-ZIP Gulf Breeze, FL 32561

TITLE VCD  
NAME MOORE, MARJORIE T.  
STREET ADDRESS 204 BAYOU BLVD  
CITY-ST-ZIP PENSACOLA FL 32503

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TSD  
NAME HICKS, LARRY K  
STREET ADDRESS 316 SOUTH BAYLEN, SUITE 250  
CITY-ST-ZIP PENSACOLA FL 32501

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

(850) 469-7023  
Date Daytime Phone #

CR2E037 (1/198)