

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90026 027 ****61.25

DOCUMENT # N05431			
1. Entity Name THE BAPTIST MANOR, INC.			
Principal Place of Business 10095 HILLVIEW ROAD PENSACOLA, FL 32514 US		Mailing Address 1717 N. "E" ST. STE. 320 ATTN. J. KEHOE PENSACOLA, FL 32514 US	
2. Principal Place of Business		3. Mailing Address 1717 N. "E" St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste. 320 Attn. J. Kehoe	
City & State		City & State Pensacola, FL	
Zip	Country	Zip	Country
32501	USA	32501	USA
4. FEI Number 59-2455515		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHN PORTER 1717 NE ST. STE. 320 PENSACOLA, FL 32501		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, JAMES C JR	NAME	Kehoe, Joyce
STREET ADDRESS	9891 HEATHER DRIVE	STREET ADDRESS	1717 N. "E" St., Ste. 320
CITY-ST-ZIP	CANTONMENT, FL 32533	CITY-ST-ZIP	Pensacola, FL 32501
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MARJORIE T	NAME	
STREET ADDRESS	204 BAYOU BV	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROW, BRETT A	NAME	
STREET ADDRESS	3861 LEESWAY CR	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 325074	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, RENNY	NAME	
STREET ADDRESS	4415 LAJOLLA	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32504	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLUSSER, NICKI S	NAME	
STREET ADDRESS	117 PACE PARK	STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT, FL 32533	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Joyce Kehoe</i> Joyce Kehoe, Asst. Secretary		Date	3/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	850/469-2345

94048073

