

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N05431</b>					
1. Entity Name <b>THE BAPTIST MANOR, INC.</b>					
Principal Place of Business <b>10095 HILLVIEW ROAD PENSACOLA, FL 32514 US</b>			Mailing Address <b>1717 N. "E" ST. STE. 320 ATTN. J. KEHOE PENSACOLA, FL 32514 US</b>		
2. Principal Place of Business			3. Mailing Address <b>1717 N. "E" St.</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc. <b>Ste. 320 Attn. J. Kehoe</b>		
City & State			City & State <b>Pensacola, FL</b>		
Zip	Country	Zip	Country	4. FEI Number <b>59-2455515</b>	
<b>32501</b>	<b>USA</b>	<b>32501</b>	<b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JOHN PORTER 1717 NE ST. STE. 320 PENSACOLA, FL 32501</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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)</small> DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	NAME				
NAME	D ROBINSON, JAMES C JR <input type="checkbox"/> Delete				
STREET ADDRESS	9891 HEATHER DRIVE				
CITY-ST-ZIP	CANTONMENT, FL 32533				
TITLE	CD <input type="checkbox"/> Delete				
NAME	MOORE, MARJORIE T				
STREET ADDRESS	204 BAYOU BV				
CITY-ST-ZIP	PENSACOLA, FL 32503				
TITLE	D <input type="checkbox"/> Delete				
NAME	BARROW, BRETT A				
STREET ADDRESS	3861 LEESWAY CR				
CITY-ST-ZIP	PENSACOLA, FL 325074				
TITLE	D <input checked="" type="checkbox"/> Delete				
NAME	ROBINSON, RENNY				
STREET ADDRESS	4415 LAJOLLA				
CITY-ST-ZIP	PENSACOLA, FL 32504				
TITLE	D <input type="checkbox"/> Delete				
NAME	SLUSSER, NICKI S				
STREET ADDRESS	117 PACE PARK				
CITY-ST-ZIP	CANTONMENT, FL 32533				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	AS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	Kehoe, Joyce				
STREET ADDRESS	1717 N. "E" St. Ste. 320				
CITY-ST-ZIP	Pensacola, FL 32501				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
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: <u>Joyce Kehoe</u> Joyce Kehoe, Asst. Secretary 3/22/04 850/469-2345					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

94048073



03162004 Chg-NP CR2E037 (10/03)