


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

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 32501 US
--	--

DO NOT WRITE IN THIS SPACE



04102007 No Chg-NP CR2E037 (4/06)

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 JOHN PORTER 1717 NE ST. STE. 320 PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

U00000720589
 05/01/07-80112-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PORTER, JOHN 1717 N "E" ST, STE 320 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD RAPPA, DAVID J 10070 BRISTOL PARK RD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAYER, CHRIS 10010 VIA DELUNA PENSACOLA BCH, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KEHOE, JOYCE 1717 N E ST., STE. 320 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS YADEN, DEBRA A 1717 N "E" ST, STE 320 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joyce Kehoe Joyce Kehoe, Asst. Sec. 4/10/07 850/469-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #