


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90090 014 \*\*\*\*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**

00000001



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-245515**  
Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

~~ROCK, JEFF~~  
~~10100 HILLVIEW RD.~~  
~~PENSACOLA FL 32514~~

Name  
**John Porter**  
Street Address (P.O. Box Number is Not Acceptable)  
**1717 N. "E" St., Ste. 320**  
City  
**Pensacola** FL Zip Code  
**32501**

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  **John Porter** 4/7/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROCK, JEFF</b> <b>10100 HILVIEW RD</b> <b>PENSACOLA FL 32514</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBINSON, JAMES C JR</b> <b>9891 HEATHER DRIVE</b> <b>CANTONMENT FL 32533</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>MOORE, MARJORIE T</b> <b>204 BAYOU BV</b> <b>PENSACOLA FL 32503</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARROW, BRETT A</b> <b>3861 LEESWAY CR</b> <b>PENSACOLA FL 32-5074</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBINSON, RENNY</b> <b>4415 LAJOLLA</b> <b>PENSACOLA FL 32504</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SLUSSER, NICKI S</b> <b>117 PACE PARK</b> <b>CANTONMENT FL 32533</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Marjorie T. Moore, Chairman** 4/7/03 850/434-7022

CR2E037 (10/02)