

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N92000001029

1. Entity Name

THE FRIARY OF BAPTIST HEALTH CARE, INC.



Principal Place of Business

1000 W MORENO ST
PENSACOLA, FL 32501

Mailing Address

1717 B "E" ST
STE., 320 ATTN J KEHOE
PENSACOLA, FL 32501



04142005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3160248

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NIXON, DANIEL J III
501 COMMENDENCIA STREET
PENSACOLA, FL 32501

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STUBBLEFIELD, ALFRED G
STREET ADDRESS 4691 BOHEMIA PLACE
CITY-ST-ZIP PENSACOLA, FL

TITLE TSD
NAME FELKNER, JOE
STREET ADDRESS 1717 N. "E" ST., STE 320
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE D
NAME PORTER, JOHN
STREET ADDRESS 1717 N. "E" ST., STE 320
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000361737
05/05/05-80089-008 61.25

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IN THIS SPACE**

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:

Joe Felkner Joe Felkner Treas.-Sec.

4/14/05 850/469-7643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #