


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 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 N "E" ST STE. 320, ATTN J KEHOE PENSACOLA, FL 32501
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04102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3160248	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 NIXON, DANIEL J III 501 COMMENDENCIA STREET PENSACOLA, FL 32501
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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 _____	U000000720593 05/01/07-80112-007 61.25
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUBBLEFIELD, ALFRED G 4691 BOHEMIA PLACE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD FELKNER, JOE 1717 N. "E" ST., STE 320 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, JOHN 1717 N. "E" ST., STE 320 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: <u>Joe Felkner, Sec./Treas.</u>	<u>4/10/07</u>	<u>850/469-7643</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>