


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N92000001029</b>	
1. Entity Name <b>THE FRIARY OF BAPTIST HEALTH CARE, INC.</b>	

Principal Place of Business <b>1000 W MORENO ST PENSACOLA, FL 32501</b>	Mailing Address <b>1717 N "E" ST STE. 320, ATTN J KEHOE PENSACOLA, FL 32501</b>
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03252008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3160248</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>NIXON, DANIEL J III 501 COMMENDENCIA STREET PENSACOLA, FL 32501</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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:** Joe Felkner **Treas. - Sec.** 3/25/08 850/669-7643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_