


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

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1997 JUL 16 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001530 (3)**  
1. Corporation Name  
**THE DAUGHTERS OF DORCAS MATERNITY HOME INCORPORATED**



Principal Place of Business <b>9724 HERON LANE TALLAHASSEE, FL 32310</b>	Mailing Address <b>RURAL ROUTE 1 BOX 370 BRISTOL FL 32321-9533</b>
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3. Date Incorporated or Qualified <b>03/31/1995</b>	3a. Date of Last Report <b>09/04/1996</b>
4. FEI Number <b>59-3309844</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>9724 Heron Lane</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State <b>Tallahassee, FL 32310</b>	27 City & State
23 Zip <b>32310</b>	24 Country
25	29

9. Name and Address of Current Registered Agent <b>BISHOP, EDNA M RURAL ROUTE 1 BOX 370 BRISTOL FL 32321</b>		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		85 Zip Code <b>FL</b>

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P BISHOP, EDNA M</b>	1.2 NAME	
STREET ADDRESS	<b>ROUTE 1 BOX 370</b>	1.3 STREET ADDRESS	<b>UUUUUU2239740--0</b>
CITY-ST-ZIP	<b>BRISTOL FL 32321</b>	1.4 CITY-ST-ZIP	<b>-07/16/97--01075--008</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VCO BISHOP, FRANK</b>	2.2 NAME	
STREET ADDRESS	<b>ROUTE 1 BOX 370</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRISTOL FL 32321</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S SWEET, BRENDA</b>	3.2 NAME	<b>Rosetta Daughtrey</b>
STREET ADDRESS	<b>P.O. BOX 1093, N/A</b>	3.3 STREET ADDRESS	<b>P O Box 607 N/A</b>
CITY-ST-ZIP	<b>BRISTOL FL 32321</b>	3.4 CITY-ST-ZIP	<b>Bristol, FL 32321</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Treasurer HARRIS, LAWRENCE</b>	4.2 NAME	
STREET ADDRESS	<b>3188-B DIANA LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARIANNA FL 32446</b>	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TD MCGLOCKTON, EARL</b>	5.2 NAME	<b>Chairperson</b>
STREET ADDRESS	<b>18885 NORTHWOOD BLVD.</b>	5.3 STREET ADDRESS	<b>Debra Adkins</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	5.4 CITY-ST-ZIP	<b>P. O. Box 244 N/A</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>Altha, FL 32421</b>
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

*[Signature]*

CF2E037 (9/96)

*[Handwritten signature]*  
7/16/97