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Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004903 (9)

1. Corporation Name

FLORIDA BAPTIST RETIREMENT CENTERS, INC.



Principal Place of Business

Mailing Address

1320 HENDRICKS AVE.
JACKSONVILLE FL 32207

1320 HENDRICKS AVE.
JACKSONVILLE FL 32207-8621

3. Date Incorporated or Qualified
10/16/1995

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3345727

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BORDERS, GEORGE R
1320 HENDRICKS AVE.
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE
NAME BORDERS, GEORGE R
STREET ADDRESS 1320 HENDRICKS AVE.
CITY-ST-ZIP JACKSONVILLE FL 32207

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME BROOME, C. RICHARD
STREET ADDRESS 4714 GEMINI DR., N.
CITY-ST-ZIP JACKSONVILLE FL 32217

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME WATSON, W. ALVIN
STREET ADDRESS 13854 MYRICA CT.
CITY-ST-ZIP JACKSONVILLE FL 32224

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME HOWELL, JOSEPH
STREET ADDRESS 1320 HENDRICKS AVENUE
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME *Ellis, David B.*
STREET ADDRESS *1313 E. Osborn Rd., #180*
CITY-ST-ZIP *Phoenix, AZ 85007*

5.1 TITLE [] Change [] Addition
5.2 NAME *Ellis, David B.*
5.3 STREET ADDRESS *1313 E. Osborn Rd., #180*
5.4 CITY-ST-ZIP *Phoenix, AZ 85007*

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Joseph D. Howell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph D. Howell
Director Corp. Sec'y

1/2/97
Date

(904) 346-0325
Daytime Phone #0004851

CR2E037 (9/96)