

FILE NOW: FILING FEE IS \$61.25

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Jul 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000004903 (9)**  
1. Corporation Name  
**FLORIDA BAPTIST RETIREMENT CENTERS, INC.**



Principal Place of Business <b>1320 HENDRICKS AVE. JACKSONVILLE FL 32207</b>	Mailing Address <b>1320 HENDRICKS AVE. JACKSONVILLE FL 32207</b>
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3. Date Incorporated or Qualified <b>10/16/1995</b>	
4. FEI Number <b>59-3345727</b>	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business <b>1006 33RD ST</b>	22. Mailing Address <b>PO BOX 460</b>
23. City & State <b>VERO BEACH, FL</b>	24. City & State <b>VERO BEACH, FL</b>
25. Zip <b>32960</b>	26. Zip <b>32961</b>
27. Country <b>USA</b>	28. Country <b>USA</b>

5. Certificate of Status Desired <input checked="" 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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BORDERS, GEORGE R 1320 HENDRICKS AVE. JACKSONVILLE FL 32207</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BORDERS, GEORGE R</b>	1.2 NAME	<b>BROWN, ALAN</b>
STREET ADDRESS	<b>1320 HENDRICKS AVE.</b>	1.3 STREET ADDRESS	<b>1313 EAST OSBORNE RD. #180</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	1.4 CITY-ST-ZIP	<b>PHOENIX, AZ</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROOME, C. RICHARD</b>	2.2 NAME	
STREET ADDRESS	<b>4714 GEMINI DR., N.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATSON, W. ALVIN</b>	3.2 NAME	
STREET ADDRESS	<b>13654 MYRICA CT.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWELL, JOSEPH</b>	4.2 NAME	
STREET ADDRESS	<b>1320 HENDRICKS AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIS, DAVID B</b>	5.2 NAME	
STREET ADDRESS	<b>1313 EAST OSBORN ROAD, #180</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHOENIX AR</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: \_\_\_\_\_

CFR2E037 (10/97)