

FILE NOW: FILING FEE IS \$61.25

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**May 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # 733552 (4)
1. Corporation Name
BAPTIST HEALTH CARE FOUNDATION



Principal Place of Business: **1717 N "E" STREET, SUITE 320
PO BOX 17500 (ZIP 32522)
PENSACOLA FL 32522-7500**

Mailing Address: **1717 N "E" STREET, SUITE 320
PO BOX 17500 (ZIP 32522)
PENSACOLA FL 32522-7500**

3. Date Incorporated or Qualified: **08/13/1975**

4. FEI Number: **59-0192265**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **MAYGARDEN, JERRY L.
1717 NORTH "E" STREET, SUITE #320
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: HUNT, WILLIAM A.	STREET ADDRESS: 411 NORTH SUNSET BLVD.	CITY-ST-ZIP: GULF BREEZE FL	<input checked="" type="checkbox"/> DELETE
TITLE: D	NAME: HINMAN, JOHN H	STREET ADDRESS: 919 FAIRWAY DRIVE	CITY-ST-ZIP: PENSACOLA, FL 00000	<input checked="" type="checkbox"/> DELETE
TITLE: DVC	NAME: TICE, JOHN P. JR.	STREET ADDRESS: 909 EAST CERVANTES STREET, STE. B	CITY-ST-ZIP: PENSACOLA FL	<input checked="" type="checkbox"/> DELETE
TITLE: P	NAME: MAYGARDEN, JERRY L.	STREET ADDRESS: 1240 TAMARA DRIVE	CITY-ST-ZIP: PENSACOLA, FL 00000	<input type="checkbox"/> DELETE
TITLE: DS	NAME: PLEITZ, JAMES L	STREET ADDRESS: 2800 BANQUOIS TRAIL	CITY-ST-ZIP: PENSACOLA FL	<input checked="" type="checkbox"/> DELETE
TITLE: DC	NAME: YOUNG, PAUL L.	STREET ADDRESS: 005 W. GARDEN STREET	CITY-ST-ZIP: PENSACOLA FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: D	1.2 NAME: Robert D. Hart, Jr.	1.3 STREET ADDRESS: 4574 Francisco Place	1.4 CITY-ST-ZIP: Pensacola, FL 32501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: D	2.2 NAME: William J Noonan, Jr.	2.3 STREET ADDRESS: 2720 Blackshear Avenue	2.4 CITY-ST-ZIP: Pensacola, FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: DVC	3.2 NAME: William L. Watson, III	3.3 STREET ADDRESS: P.O. Box 12790, 70 N. Baylen St.	3.4 CITY-ST-ZIP: Pensacola, FL 32575	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE:	4.2 NAME:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: DS	5.2 NAME: Caryl H. Hyland, MD	5.3 STREET ADDRESS: 1717 North "E" Street	5.4 CITY-ST-ZIP: Pensacola, FL 32501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:	6.2 NAME:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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: *J.L. Maygarden* **05/10/98** **850-430-4952**

CFR2E037 (10/97)