

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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DOCUMENT # **767267** (8)
1. Corporation Name
BAPTIST HEALTH AFFILIATES, INC.



Principal Place of Business: 1717 NORTH "E" ST., SUITE 320, P.O. BOX 17500, PENSACOLA FL 32622, US
Mailing Address: 1717 NORTH "E" ST., SUITE 320, P.O. BOX 17500, PENSACOLA FL 32522, US

3. Date Incorporated or Qualified: **03/02/1983**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-26) fields with sub-headers for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: **59-2425149**
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
MITCHEM, W. SPENCER
3 WEST GARDEN ST
PENSACOLA FL 32501

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOTT, ROGER C.	
STREET ADDRESS	7823 APOLLO DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOLTON, KERMIT P.	
STREET ADDRESS	P.O. DRAWER F	
CITY-ST-ZIP	FLOMATON AL 36441	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BARNHART, CLIFFORD W	
STREET ADDRESS	3149 MARCUS POINTE BLVD.	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	O'SULLIVAN, MORT, III	
STREET ADDRESS	316 S BAYLEN S250	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	WESTMORELAND, J. LOFTON	
STREET ADDRESS	P O BOX 1792 NA	
CITY-ST-ZIP	PENSACOLA FL 32598	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KEHOE, JOYCE	
STREET ADDRESS	1948 TANBARK DR.	
CITY-ST-ZIP	MILTON FL 32583	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	W. Herbert Sadler, Jr.	
1.3 STREET ADDRESS	3 Fairpoint Place	
1.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Paul L. Young	
2.3 STREET ADDRESS	605 W. Garden, Rm. 220	
2.4 CITY-ST-ZIP	Pensacola, FL 32501	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Joyce Kehoe* Joyce Kehoe, Asst. Sec. 4/8/96 904/469-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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BAPTIST HEALTH AFFILIATES, INC.
Pensacola, Florida

BOARD OF DIRECTORS

Chairman, Clifford W. Barnhart
Vice Chairman, J. Lofton Westmoreland
Secretary-Treasurer, J. Mort O'Sullivan, III
Assistant Secretary, Joyce Kehoe

Terms Expire 1997

Clifford W. Barnhart (1992)
3149 Marcus Pointe Boulevard
Pensacola, FL 32505
474-6476

W. Herbert Sadler, Jr., D.Min. (1996)
Gulf Breeze United Methodist Church
P.O. Box 338
Gulf Breeze, FL 32561
932-3594

Richard S. Slevinski, M.D. (1990)
Emergency Trauma Center
Baptist Hospital
P.O. Box 17500
Pensacola, FL 32522-7500
434-4671

Terms Expire 1998

R. Jerry Jackson (6/95)
P.O. Box 1618
Brewton, AL 36427
(334)867-3231

Roger C. Mott (1992)
7823 Apollo Drive
Pensacola, FL 32506
456-4818

Paul L. Young (1996)
Southern Bell
605 W. Garden St., Rm. 220
Pensacola, FL 32501
436-1122 fax 436-1124

Terms Expire 1999

Kermit P. Bolton (1995)
Tri-City Ledger
P.O. Drawer F
Flomaton, AL 36441
334/296-3491

Robert Breedlove (1993)
Opp Building & Supply Company
P.O. Box 386
Opp, AL 36467
334/493-3514

J. Mort O'Sullivan, III (1996)
316 South Baylen, Suite 250
Pensacola, FL 32501
435-7400 fax/435-2888

J. Lofton Westmoreland (1994)
Attorney at Law
P.O. Box 1792
Pensacola, FL 32598
434-3541 fax/435-7899