

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90035 031 ****61.25

DOCUMENT # 770085

1. Entity Name
BAPTIST HEALTH SYSTEM FOUNDATION, INC.



Principal Place of Business
**1325 SAN MARCO BLVD., SUITE 902
 JACKSONVILLE, FL 32207 US**

Mailing Address
**1325 SAN MARCO BLVD., SUITE 902
 JACKSONVILLE, FL 32207 US**

40111270



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2487135

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRANGER, HARVEY
 1325 SAN MARCO BOULEVARD
 SUITE 902
 JACKSONVILLE, FL 32207**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** Delete
 NAME **HATCHER, WILLIAM K**
 STREET ADDRESS **1325 SAN MARCO BLVD. SUITE 902**
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **T** Change Addition
 NAME **Greene, A. Hugh**
 STREET ADDRESS **1325 San Marco Blvd., Suite 902**
 CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **S** Delete
 NAME **GRANGER, HARVEY**
 STREET ADDRESS **1325 SAN MARCO BLVD. SUITE 902**
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **CRAWFORD, TONI**
 STREET ADDRESS **1325 SAN MARCO BLVD. SUITE 902**
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TC** Delete
 NAME **PARYANI, M.D., SHYAM**
 STREET ADDRESS **1325 SAN MARCO BLVD., SUITE 902**
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TT** Delete
 NAME **LUKASZEWSKI, MICHAEL**
 STREET ADDRESS **1325 SAN MARCO BLVD., SUITE 902**
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

4/30/07

904-202-5010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #