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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001705
 1. Corporation Name
SOUTH FLORIDA BAPTIST HOSPITAL FOUNDATION, INC.

Principal Place of Business 301 N. ALEXANDER ST. PLANT CITY FL 33566	Mailing Address 301 N. ALEXANDER ST. PLANT CITY FL 33566
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/11/1995
21. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 65-0598653
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

ULBRICHT, W G 301 N ALEXANDER ST PLANT CITY FL 33566	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 _____ 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	<i>D President</i> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDMAN, JAMES L	1.2 NAME	
STREET ADDRESS	P.O. BOX TT N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33564	1.4 CITY-ST-ZIP	
TITLE	<i>D Vice President</i> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRINKLE, ANN	2.2 NAME	
STREET ADDRESS	711 PINEDALE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	2.4 CITY-ST-ZIP	
TITLE	<i>D Secretary/Treasurer</i> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEDA, JOSEPH	3.2 NAME	
STREET ADDRESS	802 W DR. ML KING JR. BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	3.4 CITY-ST-ZIP	
TITLE	<i>Director</i> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNAPP, G	4.2 NAME	
STREET ADDRESS	301 N. ALEXANDER ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<i>Director</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>ULBRICHT, W G</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>301 N. ALEXANDER ST</i>
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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)