


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90226 047 ****61.25

DOCUMENT # N95000001705

1. Entity Name
SOUTH FLORIDA BAPTIST HOSPITAL FOUNDATION, INC.



Principal Place of Business
**301 N. ALEXANDER ST.
 PLANT CITY, FL 33566**

Mailing Address
**ATTN: W.G. ULBRICHT
 301 N. ALEXANDER ST.
 PLANT CITY, FL 33566**

94074254



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04292004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
65-0598653

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

**ULBRICHT, W G
 301 N ALEXANDER ST
 PLANT CITY, FL 33566**

7. Name and Address of New Registered Agent

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, 2004**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	REDMAN, JAMES L	
STREET ADDRESS	306 W REYNOLDS ST	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TRINKLE, ANN	
STREET ADDRESS	711 PINEDALE DR	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SEDTA, JOSEPH	
STREET ADDRESS	802 W DR. ML KING JR. BLVD	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, WA	
STREET ADDRESS	2702 W HIGHWAY 60	
CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ULBRICHT, WILLIAM G	
STREET ADDRESS	301 N. ALEXANDER ST.	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ASTIN, BETTY	
STREET ADDRESS	3402 SAM ASTIN RD	
CITY-ST-ZIP	PLANT CITY, FL 33567	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDEE, OLA JEAN	
STREET ADDRESS	1112 NORTH KNIGHT STREET	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: William G. Ulbricht **4/29/04** **(813) 757-1205**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

SOUTH FLORIDA BAPTIST HOSPITAL FOUNDATION, INC. 2004 UNIFORM BUSINESS REPORT ADDITIONAL DIRECTORS

N950000705

(D)
Gary Boothe
c/o South Florida Baptist Hospital, Inc.
301 N. Alexander Street
Plant City, FL 33566

(D)
W.D. McGuinnes, Jr.
c/o South Florida Baptist Hospital, Inc.
301 N. Alexander Street
Plant City, FL 33566

(D)
Hilman F. Bowden
c/o South Florida Baptist Hospital, Inc.
301 N. Alexander Street
Plant City, FL 33566

(D)
Clyde L. Roberts
2847 Hammock Drive
Plant City, FL 33567

(D)
Robert Brown
c/o South Florida Baptist Hospital, Inc.
301 N. Alexander Street
Plant City, FL 33566

(D)
Bruce Rodwell
203 E. Terrace Drive
Plant City, FL 33565

(D)
Bernard Caton
503 Sunset Road
Plant City, FL 33566

(D)
Edward Swindle
c/o South Florida Baptist Hospital, Inc.
301 N. Alexander Street
Plant City, FL 33566

(D)
Raymond Cliburn
514 East Langford Drive
Plant City, FL 33566

(D)
Robert Tanner
3006 Barret Avenue
Plant City, FL 33567

(D)
John Dicks
1809 Sweet Bay Court
Plant City, FL 33567

(D)
Phil Waldron
4811 Gallagher Road N.
Plant City, FL 33565

(D)
Betty Grimes
c/o South Florida Baptist Hospital, Inc.
301 N. Alexander Street
Plant City, FL 33566

(Ex-Officio Member)
Judy D. Martin
1210 W. Redbud Street
Plant City, FL 33566

(D)
Vicki Hawthorne
108 South Collins Street
Plant City, FL 33566

(Ex-Officio Member)
William G. Ulbricht
2403 Clubhouse Drive
Plant City, FL 33566

(D)
Sylvia Knox
4307 U.S. Hwy. 92
Plant City, FL 33567

(Ex-Officio Member)
Nina Morris
107 Cross Trail
Plant City, FL 33563

(D)
Richard Lockwood, M.D.
2913 Pemberton Creek Drive
Seffner, FL 33584

(Ex-Officio Member)
Michael A. Salvato, M.D.
402 Sunset Road
Plant City, FL 33566