
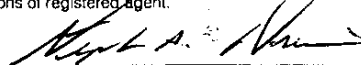
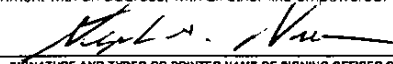


FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90018 002 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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	
2. Principal Place of Business - No P.O. Box # 301 N. ALEXANDER ST.		3. Mailing Address ATTN: STEPHEN NIERMAN	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 301 N. ALEXANDER ST.	
City & State PLANT CITY, FL		City & State PLANT CITY, FL	
4. FEI Number 65-0598653		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04162008 Chg-NP CR2E037 (12/06)	
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 NIERMAN, STEPHEN Street Address (P.O. Box Number is Not Acceptable) C/O SOUTH FLORIDA BAPTIST HOSPITAL 301 N ALEXANDER ST City PLANT CITY FL Zip Code 33563	
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:  DATE: 4/21/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, ROBERT 301 N. ALEXANDER STREET PLANT CITY, FL 33563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TANNER, ROBERT 301 N. ALEXANDER STREET PLANT CITY, FL 33563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TRINKLE, ANN 711 PINEDALE DR PLANT CITY, FL 33563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KNOX, SYLVIA B. 301 N. ALEXANDER STREET PLANT CITY, FL 33563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEDITA, JOSEPH 802 W DR. ML KING JR. BLVD PLANT CITY, FL 33563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WA 2702 W HIGHWAY 60 PLANT CITY, FL 33567 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDEE, OLA JEAN 1112 NORTH KNIGHT STREET PLANT CITY, FL 33563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 4/21/08 (813) 757-1205	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

ATTACHMENT
40102199
N95000001705

SOUTH FLORIDA BAPTIST HOSPITAL FOUNDATION, INC.
2008 UNIFORM BUSINESS REPORT
ADDITIONAL DIRECTORS

(D)
Hilman F. Bowden
1002 Pinedale Drive
Plant City, FL 33563

(D)
Robert Brown
P.O. Box F
Plant City, FL 33564

(D)
Hal Brewer, M.D.
1903 West Oak Street
Plant City, FL 33563

(D)
Bernard Caton
503 Sunset Road
Plant City, FL 33563

(D)
Raymond Cliburn
514 Sunset Road
Plant City, FL 33563

(D)
Coleman Davis
2605 South Robin Drive
Plant City, FL 33563

(D)
John Dicks
1809 Sweet Bay Court
Plant City, FL 33566

(D)
Fred Johnson
2008 West Hunter Road
Plant City, FL 33565

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

(D)
W.D. McGuinnes, Jr.
3012 Sutton Woods Drive
Plant City, FL 33566

(D)
Bruce Rodwell
3001 Barrett Avenue
Plant City, FL 33566

(D)
Edward Swindle
9471 McIntosh Road
Dover, FL 33527

(D)
Ann Trinkle
711 Pinedale Drive
Plant City, FL 33563

(D)
Edward Verner
P.O. Box 1118
Plant City, FL 33564

(D)
Phil Waldron
P.O. Box 1596
Plant City, FL 33564

(D)
Al Whitaker
2714 Barrett Avenue
Plant City, FL 33566

(Ex-Officio Member)
Carolyn Allen
401 West Trapnell Road
Plant City, FL 33566

(Ex-Officio Member)
Martin T. Girling
210 N. Alexander Street
Plant City, FL 33563

(Ex-Officio Member)
Judy D. Martin
1210 W. Redbud Street
Plant City, FL 33563

(Ex-Officio Member)
Stephen Nierman
c/o South Florida Baptist Hospital, Inc.
301 N. Alexander Street
Plant City, FL 33563