## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001282

Entity Name: BAPTIST SOUTH MEDICAL CONDOMINIUM ASSOCIATION, INC.

FILED Apr 27, 2018 Secretary of State CC7738041753

## **Current Principal Place of Business:**

14546 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258

## **Current Mailing Address:**

14546 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32258

FEI Number: 20-2515616 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GRANGER, HARVEY 841 PRUDENTIAL DRIVE SUITE 1802 JACKSONVILLE, FL 32207 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DP Title VD

Name WILBANKS, JOHN F Name DURKIN, CHRISTOPHER R

Address 841 PRUDENTIAL DRIVE, SUITE 1601 Address 841 PRUDENTIAL DRIVE, SUITE 1802

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

Title STD Title D

Name WOOTEN, SCOTT Name GREENE, A. HUGH

Address 841 PRUDENTIAL DRIVE, SUITE 1802 Address 841 PRUDENTIAL DRIVE, SUITE 1601

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

Title VP

Name TICKELL, KEITH

Address 841 PRUDENTIAL DRIVE

**SUITE 1601** 

City-State-Zip: JACKSONVILLE FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.