

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001282

Entity Name: BAPTIST SOUTH MEDICAL CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 30, 2019
Secretary of State
0690863818CC

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:

BAITY, G. SCOTT
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: G. SCOTT BAITY

04/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name WILBANKS, JOHN F
Address 841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip: JACKSONVILLE FL 32207

Title VD
Name DURKIN, CHRISTOPHER R
Address 841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip: JACKSONVILLE FL 32207

Title STD
Name WOOTEN, SCOTT
Address 841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip: JACKSONVILLE FL 32207

Title D
Name GREENE, A. HUGH
Address 841 PRUDENTIAL DRIVE, SUITE 1601
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.

SIGNATURE: JOHN F WILBANKS

PRESIDENT

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date