

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001705

**Entity Name:** SOUTH FLORIDA BAPTIST HOSPITAL FOUNDATION, INC.**Current Principal Place of Business:**301 NORTH ALEXANDER ST.  
PLANT CITY, FL 33563**Current Mailing Address:**301 NORTH ALEXANDER ST.  
PLANT CITY, FL 33563 US**FEI Number:** 65-0598653**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAYCARE HEALTH SYSTEM, INC.  
ATTENTION: LEGAL SERVICES DEPARTMENT  
2985 DREW STREET  
CLEARWATER, FL 33759 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:** SCOTT A. KIZER

03/03/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VICE PRESIDENT
Name	SULLIVAN, DAVID
Address	3409 NORTH KEENE ROAD
City-State-Zip:	PLANT CITY FL 33565
Title	DIRECTOR
Name	KERR, KAREN
Address	301 NORTH ALEXANDER STREET
City-State-Zip:	PLANT CITY FL 33563
Title	DIRECTOR
Name	HARDEE, OLA JEAN
Address	1112 NORTH KNIGHT STREET
City-State-Zip:	PLANT CITY FL 33563

Title	PRESIDENT
Name	KNOX, SYLVIA B
Address	3411 KNOXVILLE PLACE
City-State-Zip:	PLANT CITY FL 33566
Title	DIRECTOR
Name	WHITAKER, AL
Address	2714 BARRET AVENUE
City-State-Zip:	PLANT CITY FL 33566
Title	DIRECTOR
Name	BUTLER, JANA L
Address	301 NORTH ALEXANDER STREET
City-State-Zip:	PLANT CITY FL 33563

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:** JANA BUTLER**DIRECTOR**

03/03/2016

Electronic Signature of Signing Officer/Director Detail

Date