

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001705

Entity Name: SOUTH FLORIDA BAPTIST HOSPITAL FOUNDATION, INC.**Current Principal Place of Business:**301 N. ALEXANDER ST.
PLANT CITY, FL 33563**Current Mailing Address:**301 N. ALEXANDER ST.
PLANT CITY, FL 33563 US**FEI Number:** 65-0598653**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NIERMAN, STEPHEN
C/O SOUTH FLORIDA BAPTIST HOSPITAL
301 N ALEXANDER ST
PLANT CITY, FL 33563 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	STD
Name	SULLIVAN, DAVID
Address	1804 JAMES REDMAN PARKWAY
City-State-Zip:	PLANT CITY FL 33563

Title	VPD
Name	KNOX, SYLVIA B
Address	3706 FUTCH ROAD
City-State-Zip:	PLANT CITY FL 33566

Title	PD
Name	SEDTA, JOSEPH E
Address	104 N EVERS STREET, STE 202
City-State-Zip:	PLANT CITY FL 33563

Title	D
Name	SMITH, WA
Address	2702 W HIGHWAY 60
City-State-Zip:	PLANT CITY FL 33567

Title	D
Name	HARDEE, OLA JEAN
Address	1112 NORTH KNIGHT STREET
City-State-Zip:	PLANT CITY FL 33563

Title	D
Name	BUTLER, JANA L
Address	301 N 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 L BUTLER**EXECUTIVE DIRECTOR****01/28/2013**

Electronic Signature of Signing Officer/Director Detail

Date