

2019 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

02/05/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VICE PRESIDENT
Name	BANNING, GEORGE
Address	2506 CLUBHOUSE DRIVE
City-State-Zip:	PLANT CITY FL 33566
Title	DIRECTOR
Name	KERR, KAREN
Address	301 NORTH ALEXANDER STREET
City-State-Zip:	PLANT CITY FL 33563
Title	DIRECTOR
Name	BUTLER, JANA L
Address	301 NORTH ALEXANDER 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	SECRETARY/TREASURER
Name	WHITAKER, AL
Address	2714 BARRET AVENUE
City-State-Zip:	PLANT CITY FL 33566

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: SYLVIA KNOX

PRESIDENT

02/05/2019

Electronic Signature of Signing Officer/Director Detail

Date