

2022 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:** JENNIFER L TOUSE

03/25/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VICE PRESIDENT

Name PEACOCK, JACK

Address 301 NORTH ALEXANDER STREET

City-State-Zip: PLANT CITY FL 33563

Title PRESIDENT

Name MORROW, BILL B

Address 301 NORTH ALEXANDER STREET

City-State-Zip: PLANT CITY FL 33563

Title DIRECTOR

Name KERR, KAREN

Address 301 NORTH ALEXANDER STREET

City-State-Zip: PLANT CITY FL 33563

Title SECRETARY/TREASURER

Name MUELLER, SHERRIE C.

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: BILL MORROW

PRESIDENT

03/25/2022

Electronic Signature of Signing Officer/Director Detail

Date