


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90026 030 ****61.25

DOCUMENT # 700088					
1. Entity Name BAPTIST HOSPITAL, INC.					
Principal Place of Business 1000 W MORENO ST PO BOX 17500 PENSACOLA, FL 32522			Mailing Address 1717 NO E ST STE 320 ATTN J KEHOE PENSACOLA, FL 32501 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0657322	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALFRED, STUBBLEFIELD G 1000 W MORENO STREET PENSACOLA, FL 32501				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10		
TITLE	SD RAE, IRVIN R	<input checked="" type="checkbox"/> Delete	TITLE	S Mills, Robert J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3381 CHANTARENE DR		NAME	500 N. Palafox St.	
STREET ADDRESS	PENSACOLA, FL 32507		STREET ADDRESS	Pensacola, FL 32501	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD SWITZER, ROBERT B	<input type="checkbox"/> Delete	TITLE	D Switzer, Robert B.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1057 HARBODRVIEW CIR		NAME	1402 N. Tarragona St.	
STREET ADDRESS	PENSACOLA, FL 32507		STREET ADDRESS	Pensacola, FL 32501	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VCD GRAY, EDWARD M III	<input type="checkbox"/> Delete	TITLE	VC Gray, Edward M. III	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	409 GULF BREEZE PKWY		NAME	315 Fairpoint Dr.	
STREET ADDRESS	GULF BREEZE, FL 32561		STREET ADDRESS	Gulf Breeze, FL 32561	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D GARNER, JOHN W MD	<input type="checkbox"/> Delete	TITLE	D Wilder, Harrison	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1717 N E ST STE 430		NAME	99 Baybridge Dr.	
STREET ADDRESS	PENSACOLA, FL 32501		STREET ADDRESS	Gulf Breeze, FL 32561	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D HICKS, JAMES	<input type="checkbox"/> Delete	TITLE	D Brigham, Isaac	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	250 BRENT LANE		NAME	1000 College Blvd.	
STREET ADDRESS	PENSACOLA, FL 32503		STREET ADDRESS	Pensacola, FL 32504	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	AS KEHOE, JOYCE	<input type="checkbox"/> Delete	TITLE	D Darden, Oliver M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1948 TANBARK DR.		NAME	30 Ensenada Marbella	
STREET ADDRESS	MILTON, FL		STREET ADDRESS	Pensacola Beach, FL 32561	
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Joyce Kehoe</i>		Joyce Kehoe, Asst. Secretary		3/22/04 850/469-2345	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	