SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **714675** **(6)**

1. Corporation Name

SOUTH FLORIDA BAPTIST HOSPITAL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
301 N. ALEXANDER ST. PLANT CITY FL 33566	P O DRAWER H PLANT CITY FL 33564 US

3. Date Incorporated or Qualified: 05/29/1968
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-0594631 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ANDERSON, WILLIAM H.
301 N ALEXANDER STREET
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: William H. Anderson
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	REDMAN,JAMES L	12 NAME		
STREET ADDRESS	306 W. REYNOLDS ST.	13 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	NEWSOME, JOE E.	22 NAME	Clyde L. Roberts	
STREET ADDRESS	301 N. ALEXANDER	23 STREET ADDRESS	2847 Hammock Dr.	
CITY-ST-ZIP	PLANT CITY FL	24 CITY-ST-ZIP	Plant City FL 33567	
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	CANNON, CAROLYN	32 NAME		
STREET ADDRESS	301 N ALEXANDER ST.	33 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	CATON, BERNARD	42 NAME		
STREET ADDRESS	503 SUNSET ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James L. Redman 6/6/95 (813)752-6133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012380