

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Apr 25 1996 8:00 am  
Secretary of State

DOCUMENT # 733552 (4)

1. Corporation Name  
**BAPTIST HEALTH CARE FOUNDATION**



Principal Place of Business: 1717 N "E" STREET, SUITE 320, PO BOX 17500 (ZIP 32522), PENSACOLA FL 32522-7500  
Mailing Address: 1717 N "E" STREET, SUITE 320, PO BOX 17500 (ZIP 32522), PENSACOLA FL 32522-7500

3. Date Incorporated or Qualified: 08/13/1975  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-23) and Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 59-0192265  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [ ], No [x]

9. Name and Address of Current Registered Agent  
**MAYGARDEN, JERRY L.  
1717 NORTH "E" STREET, SUITE #320  
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	HUNT, WILLIAM A.	
STREET ADDRESS	411 NORTH SUNSET BLVD.	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HINMAN, JOHN H	
STREET ADDRESS	919 FAIRWAY DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TICE, JOHN P. JR.	
STREET ADDRESS	909 EAST CERVANTES STREET, STE. B	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MAYGARDEN, JERRY L.	
STREET ADDRESS	1240 TAMARA DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	GILMORE, CHRISTINE R	
STREET ADDRESS	1104 BAYOU BOULEVARD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	YOUNG, PAUL L.	
STREET ADDRESS	605 W. GARDEN STREET	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	pleitz, James L.	
4.3 STREET ADDRESS	2800 Banquos Trail	
4.4 CITY-ST-ZIP	Pensacola, FL 32503	
5.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hart, Robert D.	
5.3 STREET ADDRESS	4575 Francisco Place	
5.4 CITY-ST-ZIP	Pensacola, FL 32504	
6.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 as an attachment with an address.

SIGNATURE: Jerry L. Maygarden April 19, 1996 904.469.2335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)