

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733552 (4)**

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



Principal Place of Business <b>1717 N 'E' STREET, SUITE 320 PO BOX 17500 (ZIP 32522) PENSACOLA FL 32522-7500</b>	Mailing Address <b>1717 N 'E' STREET, SUITE 320 PO BOX 17500 (ZIP 32522) PENSACOLA FL 32522-7500</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified <b>08/13/1975</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>59-0192265</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HUNT, WILLIAM A.</b>	1.2 NAME	<b>Pleitz, James L.</b>
STREET ADDRESS	<b>411 NORTH SUNSET BLVD.</b>	1.3 STREET ADDRESS	<b>2800 Banguo's Trail</b>
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	1.4 CITY-ST-ZIP	<b>Pensacola, FL 32503</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HINMAN, JOHN H</b>	2.2 NAME	<b>Hart, Robert D. Jr</b>
STREET ADDRESS	<b>919 FAIRWAY DRIVE</b>	2.3 STREET ADDRESS	<b>125 W. Romana Street</b>
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>	2.4 CITY-ST-ZIP	<b>Pensacola, FL 32501</b>
TITLE	<b>DVC</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TICE, JOHN P. JR.</b>	3.2 NAME	<b>Beall, Frank</b>
STREET ADDRESS	<b>909 EAST CERVANTES STREET, STE. B</b>	3.3 STREET ADDRESS	<b>3400 Bayou Blvd</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	3.4 CITY-ST-ZIP	<b>Pensacola, FL 32503</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAYGARDEN, JERRY L.</b>	4.2 NAME	<b>Noonan, William J. Jr.</b>
STREET ADDRESS	<b>1240 TAMARA DRIVE</b>	4.3 STREET ADDRESS	<b>2720 Blackshear Avenue</b>
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>	4.4 CITY-ST-ZIP	<b>Pensacola, FL 32503</b>
TITLE	<b>AST</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>AST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GILMORE, CHRISTINE R</b>	5.2 NAME	<b>Nobles, Molly S.</b>
STREET ADDRESS	<b>1104 BAYOU BOULEVARD</b>	5.3 STREET ADDRESS	<b>1000 West Moreno Street</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	5.4 CITY-ST-ZIP	<b>Pensacola, FL 32501</b>
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>YOUNG, PAUL L.</b>	6.2 NAME	<b>mMahon, Donald</b>
STREET ADDRESS	<b>605 W. GARDEN STREET</b>	6.3 STREET ADDRESS	<b>4400 Bayou Blvd, Ste. 12</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	6.4 CITY-ST-ZIP	<b>Pensacola, FL 32503</b>

14. I do 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 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: Jerry L. Maygarden **3-14-97** (904) 468-2335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073194

CR2E037 (9/96)

Baptist Health Care Foundation

Additions to Block 13.

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William L. Watson, III  
70 North Baylen Street  
Pensacola, FL 32501

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Caryl H. Hyland, M.D.  
1717 North "E" Street, Ste. 227  
Pensacola, FL 32501