

FILE NOW: FILING FEE IS \$61.25

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**May 22 1998 8:00am
Secretary of State**



NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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**
4. FEI Number: **59-0192265**
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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) fields: Name, Street Address, City, and 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	D	<input checked="" type="checkbox"/> DELETE
NAME	HUNT, WILLIAM A.	
STREET ADDRESS	411 NORTH SUNSET BLVD.	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HINMAN, JOHN H	
STREET ADDRESS	919 FAIRWAY DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	DVC	<input checked="" 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	DS	<input checked="" type="checkbox"/> DELETE
NAME	PLEITZ, JAMES L	
STREET ADDRESS	2800 BANQUOIS TRAIL	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	YOUNG, PAUL L.	
STREET ADDRESS	005 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	Robert D. Hart, Jr.	
1.3 STREET ADDRESS	4574 Francisco Place	
1.4 CITY-ST-ZIP	Pensacola, FL 32501	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William J Noonan, Jr.	
2.3 STREET ADDRESS	2720 Blackshear Avenue	
2.4 CITY-ST-ZIP	Pensacola, FL 32503	
3.1 TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William L. Watson, III	
3.3 STREET ADDRESS	P.O. Box 12790, 70 N. Baylen St.	
3.4 CITY-ST-ZIP	Pensacola, FL 32575	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Caryl H. Hyland, MD	
5.3 STREET ADDRESS	1717 North "E" Street	
5.4 CITY-ST-ZIP	Pensacola, FL 32501	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002535208	
6.3 STREET ADDRESS	-05/26/98--01046--035	
6.4 CITY-ST-ZIP	***61.25	

14. 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 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: *J.L. Maygarden* 05/10/98 850-430-4952

CFR2E037 (10/97)