


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90127 013 \*\*\*\*61.25

0078342

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 733552**

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
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/13/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0192265
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT D HART, JR	1.2 NAME	
STREET ADDRESS	4574 FRANCISCO PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM J NOONAN JR	2.2 NAME	John P. Tice, Jr.
STREET ADDRESS	2720 BLACKSHEAR AVENUE	2.3 STREET ADDRESS	909 E. Cervantes Street, Ste B
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	DVC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM L WATSON, III	3.2 NAME	
STREET ADDRESS	70 N BAYLEN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32575	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYGARDEN, JERRY L.	4.2 NAME	
STREET ADDRESS	1240 TAMARA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL H HYLAND, MD	5.2 NAME	Larry M. Bowyer
STREET ADDRESS	1717 NORTH "E" STREET	5.3 STREET ADDRESS	316 S. Baylen Street
CITY-ST-ZIP	PENSACOLA FL 32501	5.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	DC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, PAUL L.	6.2 NAME	
STREET ADDRESS	605 W. GARDEN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ DATE \_\_\_\_\_ 850-434-4953  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRZE037 (1/1/98)