## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) Mar 24, 2000 8:00 am **DOCUMENT # 733552** Secretary of State 1. Entity Name 03-24-2000 90068 001 \*\*\*\*61.25 BAPTIST HEALTH CARE FOUNDATION Principal Place of Business Mailing Address 1717 N "E" STREET, SUITE 320 1717 N "E" STREET, SUITE 320 PO BOX 17500 (ZIP 32522) PO BOX 17500 (ZIP 32522) PENSACOLA FL 32522-7500 PENSACOLA FL 32522-7500 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0192265 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MAYGARDEN, JERRY L. 1717 NORTH "E" STREET, SUITE #320 PENSACOLA;FL 32501 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS Change Delete DT ☐ Addition TITLE Thomas "Bo" Carter 33 W. Garden Street Robert D Hart, Jr NAME 4574 FRANCISCO PLACE STREET ADDRESS ADDOCTOR CITY-ST-ZIP Pensacola, FL 32501 ov ST-7IP PENSACOLAZE FL 32501 DVC Addition DT Change Delete 717LF John P Tice, Jr. 909 E.Cervantes St. Suite B tice, John P Jr NAME 909 E. CERVANTES ST. STE B STREET ADDRESS CITY-ST-ZIP ST-ZIP PENSACOLA FL 32501 Pensacola, FL 32501 DVC K Delete X Change Addition 🔲 TITLE WILIAM L WATSON, III Rosemary Frederickson STREET ADDRESS 800 N. 12th Avenue ----70 N BAYLEN ST ST-ZIP CITY-ST-ZIP Pensacola, FL 32501 PENSACOLA FL 32575 ☐ Delete TITLE Change Addition MAYGARDEN, JERRY L. NAME STREET ADDRESS 1240 TAMARA DRIVE CITY-ST-ZIP :::-212 PENSACQLA, FL 00000

course perify 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 is reported on this report or supplemental 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 supplemental report trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if god, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

City-ST-ZIP

TURE:

717

BOWYER, LARRY M

YOUNG, PAUL L.

PENSACOLA FL

316 S. BAYLEN STREET

PENSACOLA FL 32501

605 W. GARDEN STREET

Delete

☐ Delete

3-20-00 860.469-2335

Change |

Change

Addition

Addition