2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
04-06-2001 90041 039 ****61.25

0017821

DOCUMENT # 733552

1. Entity Name

BAPTIST HEALTH CARE FOUNDATION

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1010 W. BLOUNT STREET	1010 W. BLOUNT STREET
Suite, Apt. #, etc.: PO BOX 17500 (ZIP 32522-7500)	Suite, Apt. #, etc.: PO BOX 17500 (ZIP 32522-7500)
City & State: PENSACOLA, FL	City & State: PENSACOLA, FL
Zip: 32501 Country:	Zip: 32501 Country:

4. FEI Number: 59-0192265 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAYGARDEN, JERRY L. 1717 NORTH "E" STREET, SUITE #320 PENSACOLA FL 32501	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CARTER, THOMAS 33 W. GARDEN ST PENSACOLA FL 32501	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC TICE, JOHN P JR. 909 E. CERVANTES ST. STE B PENSACOLA FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP DS/T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREDERICKSON, ROSEMARY 800 N. 12TH AVE PENSACOLA FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAYGARDEN, JERRY L. 1240 TAMARA DRIVE PENSACOLA, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP P MAYGARDEN, JERRY L. 1717 NORTH "E" STREET, SUITE 320 PENSACOLA, FL 32501	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BOWYER, LARRY M 316 S. BAYLEN STREET PENSACOLA FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP DVC	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC YOUNG, PAUL L. 605 W. GARDEN STREET PENSACOLA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 605 W. GARDEN STREET, Room 220	☒ Change ☐ Addition

CR2E037 (10/00)

12. 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 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE PAUL L. YOUNG 4/2/01 850-436-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #