

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

007357

DOCUMENT # 733552

1. Entity Name

BAPTIST HEALTH CARE FOUNDATION, INC.

04-02-2002 90924 032 ****61.25

Principal Place of Business

Mailing Address

1010 W BLOUNT STREET
 PO BOX 17500 (ZIP 32522-7500)
 PENSACOLA FL 32501

1010 W BLOUNT STREET
 PO BOX 17500 (ZIP 32522-7500)
 PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0192265

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ☐ Delete
 NAME **DST**
 STREET ADDRESS **TICE, JOHN P JR.**
 CITY-ST-ZIP **909 E. CERVANTES ST. STE B**
PENSACOLA FL 32501

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FREDERICKSON, ROSEMARY**
 CITY-ST-ZIP **800 N. 12TH AVE**
PENSACOLA FL 32501

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **MAYGARDEN, JERRY L.**
 CITY-ST-ZIP **1917 NORTH "C" STREET SUITE 320**
PENSACOLA FL 32501

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DVC**
 STREET ADDRESS **BOWYER, LARRY M**
 CITY-ST-ZIP **316 S. BAYLEN STREET**
PENSACOLA FL 32501

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DC**
 STREET ADDRESS **YOUNG, PAUL L.**
 CITY-ST-ZIP **605 W GARDEN STREET ROOM 220**
PENSACOLA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02 (850)-469-2345

Date

Daytime Phone #

CR2E037 (9/01)