2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008
Secretary of State

DOCUMENT# 733552

Entity Name: BAPTIST HEALTH CARE FOUNDATION, INC.

Current Principal Place of Business:

6330 NORTH DAVIS HWY
PENSACOLA, FL 32504

New Principal Place of Business:

1717 NORTH E STREET
SUITE# 409
PENSACOLA, FL 32501

Current Mailing Address:

PO BOX 17500
PENSACOLA, FL 325227500

New Mailing Address:

FEI Number: 59-0192265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAYGARDEN, JERRY L
1717 NORTH E STREET
SUITE 320
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MORETTE, RICHARD P	
Address:	25 E. GALVEZ CT	
City-St-Zip:	PENSACOLA BEACH, FL 32561	
Title:	D	( ) Delete
Name:	BALL, B. K SR.	
Address:	1701 W. GARDEN ST.	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	D	( ) Delete
Name:	CROOKE, BLAIR S	
Address:	8203 KIPLING ST.	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	D	( ) Delete
Name:	LUBKOWITZ, ADELA F	
Address:	100 NIGHINGALE LANE	
City-St-Zip:	GULF BREEZE, FL 32561	
Title:	D	( ) Delete
Name:	BOWYER, LARRY M	
Address:	449 W. MAIN ST.	
City-St-Zip:	PENSACOLA, FL 32502	
Title:	D	( ) Delete
Name:	GUND, CHARLES F JR.	
Address:	40 S. PALAFOX ST.	
City-St-Zip:	PENSACOLA, FL 32501	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY L. MAYGARDEN P 02/04/2008

Electronic Signature of Signing Officer or Director — Date