

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733552

FILED
Jan 05, 2010
Secretary of State

Entity Name: BAPTIST HEALTH CARE FOUNDATION, INC.

Current Principal Place of Business:

1717 NORTH E STREET
SUITE# 409
PENSACOLA, FL 32501

New Principal Place of Business:

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 409
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
Name: CADDELL, PAMELA
Address: 442 W. OAKFIELD RD.
City-St-Zip: PENSACOLA, FL 32503

Title: D
Name: BALL, B. K SR.
Address: 1701 W. GARDEN ST.
City-St-Zip: PENSACOLA, FL 32501

Title: D
Name: HESS-HERRICK, SHARON
Address: 2015 E. LAKEVIEW AVE.
City-St-Zip: PENSACOLA, FL 32503

Title: D
Name: GUND, CHARLES F JR.
Address: 900 N 12TH AVE.
City-St-Zip: PENSACOLA, FL 32501

I hereby 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 all other like empowered.

SIGNATURE: JERRY L. MAYGARDEN

PRES

01/05/2010

Electronic Signature of Signing Officer or Director

Date