

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90158 024 ****61.25

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DOCUMENT # 767266					
1. Entity Name BAPTIST HEALTH CARE CORPORATION					
Principal Place of Business 1000 W. MORENO ST. P. O. BOX 17500 PENSACOLA, FL 32522 US		Mailing Address 1717 NORTH 'E' ST. STE 320- ATTN: J. KEHOE PENSACOLA, FL 32501 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2425151	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DANIEL, J. NIXON III 501 COMMENDENCIA ST. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAVAN, FRED C		NAME	Donovan, Fred C.	
STREET ADDRESS	449 W MAIN ST		STREET ADDRESS	449 W. Main St.	
CITY-ST-ZIP	PENSACOLA, FL 32502		CITY-ST-ZIP	Pensacola, FL 32502	
TITLE	VCD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTMORELAND, J L		NAME		
STREET ADDRESS	SUNTRUST TOWER SPRING&GARDEN ST., 9TH FL		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, LUTHER W		NAME	Taylor, W. Luther	
STREET ADDRESS	125 W. ROMANO ST.		STREET ADDRESS	125 W. Romano St.	
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, WILLIAM E		NAME		
STREET ADDRESS	2550 N 15TH AVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, EDWARD M III		NAME		
STREET ADDRESS	315 FAIRPOINT DR		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Landrum, H. Britt, Jr.	
STREET ADDRESS			STREET ADDRESS	6723 Plantation Rd	
CITY-ST-ZIP			CITY-ST-ZIP	Pensacola, FL 32504	
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: <u>Joyce Kehoe</u>		Joyce Kehoe, Assistant Secretary, 4/4/05		850/469-2345	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	