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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **767267** (8)

1. Corporation Name
BAPTIST HEALTH AFFILIATES, INC.



Principal Place of Business	Mailing Address
1717 NORTH 'E' ST., SUITE 320 P.O. BOX 17500 PENSACOLA FL 32622 US	1717 NORTH 'E' ST., SUITE 320 P.O. BOX 17500 PENSACOLA FL 32522-7500 US

3. Date Incorporated or Qualified 03/02/1983	3a. Date of Last Report 04/12/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2425149	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt #, etc.	Suite, Apt #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State	City & State		
23	28		
Zip Country	Zip Country		
24 32522 25	29 30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MITCHEM, W. SPENCER 3 WEST GARDEN ST PENSACOLA FL 32501		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOIT, ROGER C.	1.2 NAME	Paul L. Young
STREET ADDRESS	7823 APOLLO DRIVE	1.3 STREET ADDRESS	605 W. Garden St., Rm. 220
CITY-ST-ZIP	PENSACOLA FL 32506	1.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLTON, KERMIT P.	2.2 NAME	Larry K. Hicks
STREET ADDRESS	P.O. DRAWER F	2.3 STREET ADDRESS	316 S. Baylen St.
CITY-ST-ZIP	FLOMATON AL 36441	2.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	CD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNHART, CLIFFORD W	3.2 NAME	Elbert Jones, Jr.
STREET ADDRESS	3149 MARCUS POINTE BLVD.	3.3 STREET ADDRESS	302 N. Barcelona St.
CITY-ST-ZIP	PENSACOLA FL 32505	3.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'SULLIVAN, MORT, III	4.2 NAME	C. David Smith, M.D.
STREET ADDRESS	316 S BAYLEN S250	4.3 STREET ADDRESS	217 S. Alabama St.
CITY-ST-ZIP	PENSACOLA FL 32501	4.4 CITY-ST-ZIP	Jay, FL 32565
TITLE	DVC <input type="checkbox"/> DELETE	5.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTMORELAND, J. LOFTON	5.2 NAME	
STREET ADDRESS	P O BOX 1792 NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32598	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEHOE, JOYCE	6.2 NAME	Harold Sorrells
STREET ADDRESS	1948 TANBARK DR.	6.3 STREET ADDRESS	P.O. Box 619 NA
CITY-ST-ZIP	MILTON FL 32583	6.4 CITY-ST-ZIP	Opp, AL 35467

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____, Asst. Sec. 4/10/97 904/469-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073190

CR2E037 (9/96)

BAPTIST HEALTH AFFILIATES, INC.

Pensacola, Florida

BOARD OF DIRECTORS

Chairman, J. Lofton Westmoreland
Vice Chairman, Paul L. Young
Secretary-Treasurer, J. Mort O'Sullivan, III
Assistant Secretary, Joyce Kehoe

Terms Expire 1998

R. Jerry Jackson (6/95)
P.O. Box 1618
Brewton, AL 36427
334/867-3231 fax/334/867-4220

Roger C. Mott (1992)
7823 Apollo Drive
Pensacola, FL 32506
456-4818

Paul L. Young (1996)
BellSouth
605 W. Garden St., Rm. 220
Pensacola, FL 32501
436-1122 fax/436-1124

Terms Expire 1999

William Jordan (7/96)
Safety Sales and Rentals
P.O. Box 398
Jay, FL 32565
904/675-3181 fax/904/675-4273

J. Mort O'Sullivan, III (1996)
P.O. Box 12646
Pensacola, FL 32574
435-7400 fax/435-2888

Harold Sorrells (1997)
Sorrells Trucking, Inc.
P.O. Box 619
Opp, AL 36467
334/493-3697 fax 493-9784

J. Lofton Westmoreland (1994)
Attorney at Law
P.O. Box 1792
Pensacola, FL 32598
434-3541 fax/435-8381

Terms Expire 2000

Larry K. Hicks (1997)
P.O. Box 12646
Pensacola, FL 32574
435-7400 fax 435-2888

Elbert Jones, Jr. (1997)
302 N. Barcelona Street
Pensacola, FL 32501
444-2234 fax 444-2264

W. Herbert Sadler, Jr., D.Min. (1996)
Gulf Breeze United Methodist Church
P.O. Box 338
Gulf Breeze, FL 32561
932-3594 fax/932-3599

C. David Smith, M.D. (1997)
217 S. Alabama Street
Jay, FL 32565
675-4546 fax 675-6765