

FILE NOW: FILING FEE IS \$61.25

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**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90159 019 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 767267**

1. Corporation Name  
**BAPTIST HEALTH AFFILIATES, INC.**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/02/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip      Country		29 Zip      Country		59-2425149	
24		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

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			
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MARJORIE T	1.2 NAME	
STREET ADDRESS	204 BAYOU BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, LARRY K	2.2 NAME	
STREET ADDRESS	316 S BAYLEN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES JR, ELBERT	3.2 NAME	
STREET ADDRESS	302 N BARCELONA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	3.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'SULLIVAN, MORT, III	4.2 NAME	
STREET ADDRESS	316 S BAYLEN S250	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	4.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTMORELAND, J. LOFTON	5.2 NAME	
STREET ADDRESS	220 W GARDEN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHOE, JOYCE	6.2 NAME	
STREET ADDRESS	1948 TANBARK DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Joyce Kehoe SIGNATURE REQUIRED Joyce Kehoe, Asst. Sec. 3/29/99 850/469-2345

CR2E037 (11/98)

389844-90159-19

#767267

**BAPTIST HEALTH AFFILIATES, INC.**

Pensacola, Florida

**BOARD OF DIRECTORS**

Chairman, J. Lofton Westmoreland

Vice Chairman, Paul L. Young

Secretary-Treasurer, Larry K. Hicks

Assistant Secretary, Joyce Kehoe

**Terms Expire 2000**

Larry K. Hicks (1997)

O'Sullivan and Hicks, CPAs

316 S. Baylen St.

Pensacola, FL 32501

**444-7257 fax 435-2888**

Elbert Jones, Jr., Vice Pres. (1997)

Community Equity Investments, Inc.

302 N. Barcelona Street

Pensacola, FL 32501

**595-6234 fax 595-6264**

W. Herbert Sadler, Jr., D.Min. (1996)

Gulf Breeze United Methodist Church

75 Fairpoint Dr.

Gulf Breeze, FL 32561

**932-3594 fax 932-3599**

C. David Smith, M.D. (1997)

217 S. Alabama St.

Jay, FL 32565

**675-4546 fax 675-4548**

Marjorie T. Moore (1998)

204 Bayou Boulevard

Pensacola, FL 32503

**434-7022 fax 434-7061**

Paul L. Young, Regional Mgr. (1996)

BellSouth

605 W. Garden St., Rm. 220

Pensacola, FL 32501

**436-1122 fax 436-1124**

**Terms Expire 2002**

William Jordan (7/96)

B.J. Enterprises

3984 Highway 4

Jay, FL 32565

**675-3319 fax (call to request)**

Harold Sorrells (1997)

MSJ Trucking, Inc.

1118 Highway 84-E

Opp, AL 36467

**334/493-3697 fax 493-9784**

**Terms Expire 2001**

R. Jerry Jackson (6/95)

First National Bank

227 Belleville Ave.

Brewton, AL 36427

**334/867-3231 fax 867-4220**

J. Lofton Westmoreland (1994)

Attorney at Law

220 W. Garden St.

Pensacola, FL 32501

**434-3541 fax 435-8381**

2/26/99