

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **770085** (9)

1. Corporation Name  
**BAPTIST HEALTH SYSTEM FOUNDATION, INC.**



Principal Place of Business Mailing Address  
**C/O WILLIAM C. MASON, PRES.** **C/O WILLIAM C. MASON**  
**800 PRUDENTIAL DRIVE** **800 PRUDENTIAL DRIVE**  
**JACKSONVILLE FL 32207** **JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified **09/01/1983** 3a. Date of Last Report **05/01/1995**  
 4. FEI Number **59-2487135** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **1301 Riverplace Blvd** 26 **1301 Riverplace Blvd.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **Suite 1700** 27 **Suite 1700**  
 City & State City & State  
 23 **Jacksonville, FL** 28 **Jacksonville, FL**  
 Zip Country Zip Country  
 24 **32207** 25 **USA** 29 **32207** 30 **USA**

9. Name and Address of Current Registered Agent  
**SMITH HULSEY & BUSEY**  
**1800 FIRST UNION NATIONAL BANK TOWER**  
**225 WATER STREET**  
**JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent  
 81 Name **Harvey Granger, General Counsel**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1301 Riverplace Blvd.**  
 83 **Suite 1700**  
 84 City **Jacksonville** FL 85 Zip Code **32207**

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: *Harvey Granger* **Harvey Granger** DATE **7-29-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>T/C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGHES, CHARLES E. JR.</b>	1.2 NAME	<b>Hughes, Charles E., Jr.</b>
STREET ADDRESS	<b>121 WEST FORSYTHE STREET, SUITE 9001</b>	1.3 STREET ADDRESS	<b>1301 Riverplace Blvd., Suite 1700</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASON, WILLIAM C.</b>	2.2 NAME	<b>Mason, William C.</b>
STREET ADDRESS	<b>800 PRUDENTIAL DRIVE</b>	2.3 STREET ADDRESS	<b>1301 Riverplace Blvd., Suite 1700</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORGER, JAMES A M.D.</b>	3.2 NAME	
STREET ADDRESS	<b>807 NIRA STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HATCHER, WILLIAM K.</b>	4.2 NAME	
STREET ADDRESS	<b>3344 LAKE SHORE BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, REBECCA B.</b>	5.2 NAME	<b>Jackson, Rebecca B.</b>
STREET ADDRESS	<b>800 PRUDENTIAL DRIVE</b>	5.3 STREET ADDRESS	<b>1301 Riverplace Blvd., Suite 1700</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Rebecca B. Jackson* **Rebecca B. Jackson** 7-29-96 904/202-4001

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 0001736

CR2E037 (3/96)

**BAPTIST HEALTH SYSTEM FOUNDATION, INC.**

Tr	Lynda Barco	7587 Wilson Blvd.	Jacksonville, FL 32210
Tr	Bott, Gerald F.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
Tr	Callaghan, Rushton H.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
Tr	Bromberg, Clayton	229 North Hogan St.	Jacksonville, FL 32202
Tr	Carden, David, DMD	3540 S. Third Street	Jacksonville Beach, FL 32250
Tr	Fiorentino, T. M.	550 Water St.	Jacksonville, FL 32202
Tr	Gottlieb, Mel	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
Tr	Grenadier, Edward	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
Tr	Lee, Jeffry	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
Tr	Mason, Juliette	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
Tr	Moorehead, Gregory	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
Tr	Paryani, Shyam, M.D.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
Tr	Purser, Kent	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
Tr	Shephard, James B.	4057 Carmichael	Jacksonville, FL 32207
Tr	Smith, Harold K.	5061 Pirates Cove Rd.	Jacksonville, FL 32210
Tr	Stevens, Peter, M.D.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32210
Tr	Thompson, Carol C.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
Tr	Toney, Joan	2815 Evercharm Place	Jacksonville, FL 32257
Tr	Ussery, Lisa	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
Tr	Williams, John C.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
Tr	Wolfson, Cecil	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207

P Jones, Hugh H., Jr. 1301 Riverplace Blvd., Suite 1700 Jacksonville, FL 32207

V Taylor, Suzanne M. 1301 Riverplace Blvd., Suite 1700 Jacksonville, FL 32207