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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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.
1301 RIVERPLACE BLVD #1700
JACKSONVILLE FL 32207
US

C/O WILLIAM C. MASON, PRES.
1301 RIVERPLACE BLVD #1700
JACKSONVILLE FL 32207-9047
US

3. Date Incorporated or Qualified
09/01/1983

3a. Date of Last Report
08/05/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2487135

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANGER, HARVEY
1301 RIVERPLACE BLVD
SUITE 1700
JACKSONVILLE FL 32202

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T
TITLE
NAME HUGHES, CHARLES E. JR.
STREET ADDRESS 1301 RIVERPLACE BLVD #1700
CITY - ST - ZIP JACKSONVILLE FL DELETE

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

T
TITLE
NAME MASON, WILLIAM C.
STREET ADDRESS 1301 RIVERPLACE BLVD #1700
CITY - ST - ZIP JACKSONVILLE FL DELETE

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TT
TITLE
NAME HATCHER, WILLIAM K.
STREET ADDRESS 3344 LAKE SHORE BLVD
CITY - ST - ZIP JACKSONVILLE FL DELETE

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

S
TITLE
NAME JACKSON, REBECCA B.
STREET ADDRESS 1301 RIVERPLACE BLVD #1700
CITY - ST - ZIP JACKSONVILLE FL DELETE

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

DELETE

5.1 TITLE TVC Change Addition
5.2 NAME DeLay, James F.
5.3 STREET ADDRESS 4190 Belfort Road, #425
5.4 CITY - ST - ZIP Jacksonville, FL 32216

DELETE

6.1 TITLE T Change Addition
6.2 NAME Barnes, H. Wade, M.D.
6.3 STREET ADDRESS 1301 Riverplace Blvd., Ste 1700
6.4 CITY - ST - ZIP Jacksonville, FL 32207

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: *Rebecca B. Jackson* REBECCA B. JACKSON, Secretary 4-23-97 904/202-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0004814

CR2E037 (9/96)

BAPTIST HEALTH SYSTEM FOUNDATION, INC.

Tr	Lynda Barco	7587 Wilson Blvd.	Jacksonville, FL 32210
Tr	Rebecca Allen	9000 Southside Blvd., Bldg.100	Jacksonville, FL 32256
Tr	Callaghan, Rushton H.	1301 Riverplace Blvd.,Suite 1700	Jacksonville, FL 32207
Tr	Barry L. Allred	4501 Beverly Ave.	Jacksonville, FL 32210
Tr	Carden, David,DMD	3540 S. Third Street	Jacksonville Beach, FL 32250
TrC	Fiorentino, T. M.	550 Water St.	Jacksonville, FL 32202
Tr	Gottlieb, Mel	1301 Riverplace Blvd.,Suite 1700	Jacksonville, FL 32207
Tr T	Grenadier, Edward	1301 Riverplace Blvd.,Suite 1700	Jacksonville, FL 32207
Tr	Greene, A. Hugh	800 Prudential Drive	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	McCollum, Jim	301 W. Bay St.,Ste 300	Jacksonville, FL 32202
Tr	Stevens,Peter,M.D.	1301 Riverplace Blvd.,Suite 1700	Jacksonville, FL 32210
Tr	Raich, Wanda	800 Prudential Drive	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., Ste 1700	Jacksonville, FL 32207