

5-18 98 L 7597 C
FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Country

3. Date Incorporated or Qualified	09/01/1983
4. FEI Number	59-2487135
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

GRANGER, HARVEY
1301 RIVERPLACE BLVD
SUITE 1700
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, WILLIAM C.	1.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD #1700	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCHER, WILLIAM K.	2.2 NAME	T
STREET ADDRESS	3344 LAKE SHORE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S JACKSON, REBECCA B.	3.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD #1700	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TVC DELAY, JAMES F.	4.2 NAME	
STREET ADDRESS	4190 BELFORD ROAD F.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T BARNES, WADE H.	5.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD., STE 1700	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
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 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** **4-24-98** **904/202-4005**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0004717

CR2E037 (10/97)

BAPTIST HEALTH SYSTEM FOUNDATION, INC.

	T	Allred, Barry	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32210
<i>(addition)</i>	T	Austin, Cynthia B.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32210
	T	Barco, Lynda	7587 Wilson Blvd.	Jacksonville, FL 32210
<i>(addition)</i>	T	Barrett, Charlyn	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32210
	T	Callaghan, Rushton H.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
<i>(addition)</i>	T	Crawford, Toni	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32210
<i>(addition)</i>	T	De Santo, Michael	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32210
	TC	Fiorentino, T. M.	550 Water St.	Jacksonville, FL 32202
	T	Greene, A. Hugh	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32210
<i>(change)</i>	TT	Grenadier, Edward J.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32210
<i>(addition)</i>	T	Hinckley, Suzanne	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32210
<i>(addition)</i>	T	Hughes, Charles E.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32210
	T	Mason, Juliette	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
	T	McCollum, Jim	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32210
<i>(addition)</i>	T	Miller, David	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32210
	T	Paryani, Shyam, M.D.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
	T	Shephard, James B.	4057 Carmichael	Jacksonville, FL 32207
<i>(addition)</i>	T	Smallwood, Stephen	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32210
<i>(DELETE)</i>	T	Stevens, Peter, M.D.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32210
	T	Toney, Joan	2815 Evercharm Place	Jacksonville, FL 32257
	T	Ussery, Lisa	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207

T	Van der Linde, Gerry	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32210
T	Williams, John C.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
T	Wolfson, Cecil	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
(addition) T	Wolfson, Karen R.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32210
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

DELETE

DAVE CARDEN
GREGORY MOOREHEAD
REBECCA ALLEN
MEL GOTTLIEB
KENT PURSER
WANDA RAICH