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FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90188 022 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 770085

1. Corporation Name

BAPTIST HEALTH SYSTEM FOUNDATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/01/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2487135

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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 MASON, WILLIAM C.  
1301 RIVERPLACE BLVD #1700  
JACKSONVILLE FL

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

TT HATCHER, WILLIAM K.  
3344 LAKE SHORE BLVD  
JACKSONVILLE FL

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

S JACKSON, REBECCA B.  
1301 RIVERPLACE BLVD #1700  
JACKSONVILLE FL

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

TVC DELAY, JAMES F.  
4190 BELFORD ROAD F.  
JACKSONVILLE FL

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

T BARNES, WADE H.  
1301 RIVERPLACE BLVD., STE 1700  
JACKSONVILLE FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

DELETE

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: *Rebecca B. Jackson* (Signature Required)

Signature and typed or printed name of signing officer or director

Rebecca B. Jackson

4-23-99

904/202-4005

Date

Daytime Phone #

CR2E037 (11/98)