

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 04, 2001 08:00 AM**
Secretary of State**DOCUMENT # 770085****1. Entity Name**
BAPTIST HEALTH SYSTEM FOUNDATION, INC.**Principal Place of Business**
1325 SAN MARCO BLVD., SUITE 902
JACKSONVILLE FL 32207 US**Mailing Address**
1325 SAN MARCO BLVD., SUITE 902
JACKSONVILLE FL 32207 US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2487135Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**GRANGER HARVEY
1325 SAN MARCO BOULEVARD
SUITE 902
JACKSONVILLE FL 32207 USName
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.****SIGNATURE** **04/04/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****Make Check Payable to Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32207	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TT	MCCOLLUM JIM	1325 SAN MARCO BLVD. SUITE 902	JACKSONVILLE	FL	32207		
TVC	CRAWFORD TONI	1325 SAN MARCO BLVD. SUITE 902	JACKSONVILLE	FL	32207		
TC	GRENADIER EDWARD J	1325 SAN MARCO BLVD. SUITE 902	JACKSONVILLE	FL	32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	JACKSON REBECCA B	1325 SAN MARCO BLVD. SUITE 902	JACKSONVILLE	FL	32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	HATCHER WILLIAM K	1325 SAN MARCO BLVD. SUITE 902	JACKSONVILLE	FL	32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TP	MASON WILLIAM C	1325 SAN MARCO BLVD. SUITE 902	JACKSONVILLE	FL	32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:** **REBECCA B. JACKSON** **S** **04/04/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)