

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90336 047 \*\*\*\*\*61.25

**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

01072004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2487135**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GRANGER, HARVEY  
1325 SAN MARCO BOULEVARD  
SUITE 902  
JACKSONVILLE, FL 32207**

**7. Name and Address of New Registered Agent**

Name  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MASON, WILLIAM C	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	T	<input type="checkbox"/> Delete
NAME	HATCHER, WILLIAM K	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRANGER, HARVEY	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	TC	<input type="checkbox"/> Delete
NAME	CRAWFORD, TONI	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	TVC	<input type="checkbox"/> Delete
NAME	ALLRED, BARRY	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	TT	<input type="checkbox"/> Delete
NAME	MCCOLLUM, JIM	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04 904-202-5010