2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

DOCLI									
DOCUMENT # 770085 1. Entity Name BAPTIST HEALTH SYSTEM FOUNDATION, INC.						04-29-2005 9	90237 050) ****61.	.25
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				02		400865	<u>-</u>		
2. Principal P	lace of Business	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04272005	Chg-NP	CR2E037	7 (10/03)	
City & State		City & State			4. FEI Number 59-24871	35		<u></u>	plied For t Applicable
Zip	Country	Zip	Country	/	5. Certificate of	Status Desired	□ \$	8.75 Addi	itional
	6. Name and Address of Current I	Registered Agent			7. Name and A	tdress of New R	egistered Ag	gent	
GRANGER, HARVEY				Name					
SUITE 902			Street Address		(P.O. Box Number is Not Acceptable)				
JACKSON	VILLE, FL 32207			···				1 0	
			'	City			FL	Zip Code	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered o	office or registe	red agent, or both,	in the State of Flo	orida. I am fa	miliar with, a	and accept
SIGNATURE .									
	Stgnature, typed or printed name of registered agent a	and title it applicable. (NOTE	· Renistered Ana	ent signature require	db.a lassacia		DATE		
			. ricgoloroa riga	or it digitations readons	C wiest tesustration()		DATE		
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Carr Trust Fund C	ıpaign Finan		\$5.00 May Be Added to Fees		lake check ida Departr		
10.	_	Trust Fund C	ıpaign Finan	ncing	\$5.00 May Be	Flor	lake check ida Departr	ment of St	ate
TITLE	OFFICERS AND DIF	Trust Fund C	npaign Finan ontribution.	TVC	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Fior GES TO OFFICE	lake check ida Departr	ment of St	ate
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIF T HATCHER, WILLIAM K 1325 SAN MARCO BLVD. SUITE JACKSONVILLE, FL 32207 S	Trust Fund C	npaign Finan ontribution. 11. TITLE NAME STREET AD CITY-ST-1	TVC Par 132 Jac TT .	\$5.00 May Be Added to Fees ADDITIONS/CHAN yani, M.D. San Marc ksonville,	GES TO OFFICE , Shyam o Blvd., FL 3220	lake check ida Departr RS AND DIRI Suite 07	ment of Sta ECTORS IN Change	ate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2005 OFFICERS AND DIF T HATCHER, WILLIAM K 1325 SAN MARCO BLVD. SUITE JACKSONVILLE, FL 32207 S GRANGER, HARVEY 1325 SAN MARCO BLVD. SUITE	Trust Fund C RECTORS Delete 902	npaign Finan ontribution. 11. TITLE NAME STREET AD CITY-ST-1	TVC Par 132 Jac TT Luk. 132 132	\$5.00 May Be Added to Fees ADDITIONS/CHAN yani, M.D. 5 San Marc	Flor GES TO OFFICE , Shyam o Blvd., FL 3220 Michael o Blvd.,	lake check ida Departr RS AND DIRI Suite	ECTORS IN Change 902	10 Addition
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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 of 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

4123/05

904 -202-5064

Daytime Phone #