

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004788

Entity Name: THE BAYCARE FOUNDATION, INC.

FILED  
Apr 28, 2004  
Secretary of State

## Current Principal Place of Business:

1300 N. WESTSHORE BLVD.  
SUITE 100  
TAMPA, FL 33607

## New Principal Place of Business:

13400 WRIGHT CIRCLE  
TAMPA, FL 33626

## Current Mailing Address:

1300 N. WESTSHORE BLVD.  
SUITE 100  
TAMPA, FL 33607

## New Mailing Address:

P.O. BOX 23788  
TAMPA, FL 33623

FEI Number: 59-3659854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THE LAW OFFICES OF CHRISTOPHER P. CALKIN  
WESTSHORE CENTER, 1715 N. WESTSHORE BLVD.  
SUITE 918  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

BOBBY L. COATES  
P.O. BOX 23788  
TAMPA, FL 33623 US

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: BOBBY L. COATES

04/28/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: COATES, BOBBY L  
Address: 1300 N WESTSHORE BLVD STE 100  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: COATES, DEBORAH R  
Address: 1300 N WESTSHORE BLVD STE 100  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: HARRIS, THOMAS J  
Address: 1300 N WESTSHORE BLVD STE 100  
City-St-Zip: TAMPA, FL 33607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: COATES, BOBBY L  
Address: P.O. BOX 23788  
City-St-Zip: TAMPA, FL 33623

Title: D (X) Change ( ) Addition  
Name: COATES, DEBORAH R  
Address: P.O. BOX 23788  
City-St-Zip: TAMPA, FL 33623

Title: D (X) Change ( ) Addition  
Name: HARRIS, THOMAS J  
Address: P.O. BOX 23788  
City-St-Zip: TAMPA, FL 33623

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY L. COATES

D

04/28/2004

Electronic Signature of Signing Officer or Director

Date