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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

232965 - 90075 - 8 3 9

DOCUMENT # N93000005750

1. Corporation Name
CARING FOR THE COMMUNITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
50 HIGH POINT RD TAVERNIER FL 33070 US	8900 N KENDALL DR MIAMI FL 33176 US

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 12/22/1993 4. FEI Number 65-0488184 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LEHMAN, JODY
8900 N KENDALL DR
MIAMI FL 33176

10. Name and Address of New Registered Agent

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 Jody Lehman DATE Jan 7, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	VELLANTI, THOMAS A		1.2 NAME	
STREET ADDRESS	17750 SW 248 ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-ST-ZIP	33031
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHILLING, I E		2.2 NAME	
STREET ADDRESS	6712 SW 139 ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	VCD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PHILIPSON, KEN		3.2 NAME	
STREET ADDRESS	81933 OVERSEAS HWY		3.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036		3.4 CITY-ST-ZIP	
TITLE	ATD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FODEMSKI, JUSTINE		4.2 NAME	
STREET ADDRESS	MM 82 OLD HWY		4.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCCOMB, TERIE		5.2 NAME	
STREET ADDRESS	116 GIARDINO		5.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORAD FL 33036		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HIRSCH, GERALD		6.2 NAME	
STREET ADDRESS	88663 STATE ROAD 4-A		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL 33070		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: SIGNATURE REQUIRED — Ralph E. Flum — 4/14/99 — 305 273-2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

N93000000575O
471100-90055-13

D
Robert G. Baal
Chief Executive Officer
Baptist/South Miami Hospital Foundation
8900 N. Kendall Drive
Miami, FL 33176-2197

D
David M. Cohn
89051 Old Highway
Tavernier, FL 33070

D
William H. Dickinson
Carrier & Dickinson Relators
The Prudential Keyside Properties
31 Ocean Reef Drive, A-101
Key Largo, FL 33037

D
Jay A. Hershoff, Esq.
90130 Old Highway, 2nd Floor
Tavernier, FL 33070

D
Ralph Lawson(Ex Officio)
Executive Vice President and Chief Financial Officer
Baptist Health Systems of South Florida
6855 Red Road, Suite 600
Coral Gables, FL 33143-3632

D
Robert H. Luse (Ex Offico)
Chief Executive Officer
Mariners Hospital
50 High Point Road
Tavernier, FL 33070

D
Wayne A Moccia, MD
344 East Seaview Drive
Marathon, FL 33050

D
Louise Orzel
Plantation Yacht Harbor
c/o Dockmaster, Slip 317
87000 Overseas Hwy.
Islamorada, FL 33036