

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 07, 2011
Secretary of State

Entity Name: SOUTH FLORIDA BAPTIST HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

301 N. ALEXANDER ST.
PLANT CITY, FL 33563 US

New Principal Place of Business:

Current Mailing Address:

301 N. ALEXANDER ST.
PLANT CITY, FL 33563 US

New Mailing Address:

FEI Number: 65-0598653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIERMAN, STEPHEN
C/O SOUTH FLORIDA BAPTIST HOSPITAL
301 N ALEXANDER ST
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD
Name: SULLIVAN, DAVID
Address: 1804 JAMES REDMAN PARKWAY
City-St-Zip: PLANT CITY, FL 33563 US

Title: VPD
Name: KNOX, SYLVIA B
Address: 3706 FUTCH ROAD
City-St-Zip: PLANT CITY, FL 33566 US

Title: PD
Name: SEDITA, JOSEPH E
Address: 104 N EVERS STREET, STE 202
City-St-Zip: PLANT CITY, FL 33563

Title: D
Name: SMITH, WA
Address: 2702 W HIGHWAY 60
City-St-Zip: PLANT CITY, FL 33567 US

Title: D
Name: HARDEE, OLA JEAN
Address: 1112 NORTH KNIGHT STREET
City-St-Zip: PLANT CITY, FL 33563 US

Title: D
Name: MARTIN, JUDY D
Address: 301 N ALEXANDER STREET
City-St-Zip: PLANT CITY, FL 33563 US

I hereby 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 all other like empowered.

SIGNATURE: JUDY D. MARTIN

DIR

01/07/2011

Electronic Signature of Signing Officer or Director

Date