

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90119 040 ****70.00

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1. Entity Name
BAYFRONT HEALTH FOUNDATION, INC.



Principal Place of Business
701 SIXTH STREET SOUTH
ST. PETERSBURG, FL 33701-4891

Mailing Address
701 SIXTH STREET SOUTH
ST. PETERSBURG, FL 33701-4891

50026451



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
31-1492316

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRODY, SUE G
701 SIXTH STREET SOUTH
ST. PETERSBURG, FL 33701-4891

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME BRODY, SUE G
STREET ADDRESS 701 SIXTH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 337014891

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☒ Delete
NAME BETZER, SUSAN
STREET ADDRESS 461 - 7TH AVENUE SOUTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE C-Chairman ☐ Change ☒ Addition
NAME Mr. Jeff Hearn
STREET ADDRESS P.O. Box 1691
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE D ☐ Delete
NAME ALLEN, MARY WYATT
STREET ADDRESS 701 SIXTH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 337014891

TITLE New Title ☒ Change ☐ Addition
NAME S Secretary
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BROWN, MICHAEL A
STREET ADDRESS 410 CENTRAL AVENUE, 4TH FLOOR
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BRYANT, KENNETH
STREET ADDRESS 601 - 7TH STREET SOUTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE New Title - ☒ Change ☐ Addition
NAME VC-Vice Chair
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME CRAWFORD, RALPH
STREET ADDRESS 563 HAVEN POINT DRIVE
CITY-ST-ZIP SAINT PETERSBURG, FL 33706

TITLE T-Treasurer ☐ Change ☒ Addition
NAME Mr. Richard Roberts
STREET ADDRESS 5455 4th Street North
CITY-ST-ZIP St. Petersburg, FL 33703

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:

Sue Brody

(727) 893-6015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #