
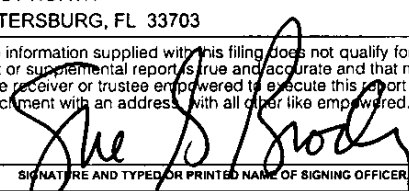


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90149 040 \*\*\*\*70.00

<b>DOCUMENT # N96000004005</b> 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>31-1492316</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  BRODY, SUE G 701 SIXTH STREET SOUTH ST. PETERSBURG, FL 33701-4891			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRODY, SUE G		NAME		
STREET ADDRESS	701 SIXTH STREET SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 337014891		CITY-ST-ZIP		
TITLE	CC <input checked="" type="checkbox"/> Delete		TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HEARN, JEFF MR		NAME	Berset, Mark S. Mr.	
STREET ADDRESS	PO BOX 1691		STREET ADDRESS	One Beach Drive S.E, Suite 230	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, MARY WYATT		NAME		
STREET ADDRESS	701 SIXTH STREET SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 337014891		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, MICHAEL A		NAME	Brown, Michael A. Mr.	
STREET ADDRESS	410 CENTRAL AVENUE, 4TH FLOOR		STREET ADDRESS	One Progress Plaza, Suite 1400	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	VC <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYANT, KENNETH		NAME		
STREET ADDRESS	601 - 7TH STREET SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBERTS, RICHARD		NAME	Gillespie, James R. Mr.	
STREET ADDRESS	5455-4TH ST NORTH		STREET ADDRESS	4804 Windmill Palm Terrace NE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703		CITY-ST-ZIP	St. Petersburg, FL 33703	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 			Sue Brody 2/23/06 727.893.6015		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					