

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N96000004005

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



03072007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

31-1492316

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE C  
NAME BERSET, MARK S MR  
STREET ADDRESS ONE BEACH DR SE SUITE 230  
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

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

TITLE VC  
NAME BROWN, MICHAEL A  
STREET ADDRESS ONE PROGRESS PLAZA SUITE 1400  
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE T  
NAME GILLESPIE, JAMES R MR  
STREET ADDRESS 4804 WINDMILL PALM TERR NE  
CITY-ST-ZIP SAINT PETERSBURG, FL 33703

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000690100  
04/11/07-80061-019.70.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sue G. Brody, 3/9/07, 727.893.6015

Date

Daytime Phone #