
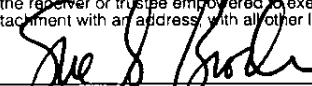


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90025 016 ****70.00

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 31-1492316	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D BRODY, SUE G 701 SIXTH STREET SOUTH ST. PETERSBURG, FL 337014891	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BERSSET, MARK S MR ONE BEACH DR SE SUITE 230 SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Brown, Michael A. One Progress Plaza, Suite 1400 St. Petersburg, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN, MARY WYATT 701 SIXTH STREET SOUTH ST. PETERSBURG, FL 337014891	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Smith, Clark 100 South Ashley Drive, Suite 1800 Tampa, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BROWN, MICHAEL A ONE PROGRESS PLAZA SUITE 1400 SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Gillespie, James R. Mr. 4804 Windmill Palm Terrace NE St. Petersburg, FL 33703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILLESPIE, JAMES R MR 4804 WINDMILL PALM TERR NE SAINT PETERSBURG, FL 33703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Davis, Larry Dr. 701 6th Street South St. Petersburg, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		Sue G. Brody		03/31/2008 727-893-6015	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	