

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733552

Entity Name: BAPTIST HEALTH CARE FOUNDATION, INC.

FILED
Feb 16, 2021
Secretary of State
5147090219CC

Current Principal Place of Business:

ATTN: ELIZABETH C CALLAHAN
1717 NORTH E STREET, SUITE 320
PENSACOLA, FL 32501

Current Mailing Address:

ATTN: ELIZABETH C CALLAHAN
1717 NORTH E STREET, SUITE 320
PENSACOLA, FL 32501 US

FEI Number: 59-0192265

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALLAHAN, ELIZABETH C
1717 NORTH E STREET
STE. 320
PENSACOLA, FL 32501 US

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: ELIZABETH C CALLAHAN

02/16/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name JONES, ROBERT J
Address 1717 NORTH E STREET
SUITE# 423
City-State-Zip: PENSACOLA FL 32501

Title CHAIRMAN
Name STOPP, MARGARET
Address 1717 NORTH E STREET
SUITE# 423
City-State-Zip: PENSACOLA FL 32501

Title VC
Name CADDELL, PAMELA
Address 1717 NORTH E STREET
SUITE# 423
City-State-Zip: PENSACOLA FL 32501

Title TREASURER
Name GUND, CHARLES F JR.
Address 1717 NORTH E STREET
SUITE# 423
City-State-Zip: PENSACOLA FL 32501

Title ASST. SECRETARY
Name CALLAHAN, ELIZABETH
Address 1717 NORTH E STREET
SUITE# 423
City-State-Zip: PENSACOLA FL 32501

Title EXEC DIRECTOR
Name GARTMAN, K.C.
Address 1717 NORTH E STREET
SUITE# 423
City-State-Zip: PENSACOLA FL 32501

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: JAN MULLINS

EXEC. ASST.

02/16/2021

Electronic Signature of Signing Officer/Director Detail

Date