

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733552

**Entity Name:** BAPTIST HEALTH CARE FOUNDATION, INC.

**FILED**  
**Mar 03, 2023**  
**Secretary of State**  
**0514383414CC**

**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**

**03/03/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

Title OTHER  
Name NAAR, GINA  
Address 1717 NORTH E STREET  
SUITE 320  
City-State-Zip: PENSACOLA FL 32501

Title VC  
Name BARROW, BRETT  
Address 1717 NORTH E STREET  
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: GINA NAAR**

**MANAGER-EXECUTIVE ASSISTANT**

**03/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date