

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733552

FILED
Apr 16, 2015
Secretary of State
CC3628236263

Entity Name: BAPTIST HEALTH CARE FOUNDATION, INC.

Current Principal Place of Business:

1717 NORTH E STREET
SUITE# 409
PENSACOLA, FL 32501

Current Mailing Address:

1717 NORTH E ST.
ATTN: MARY MATHEWS STE. 320
PENSACOLA, FL 32501 US

FEI Number: 59-0192265

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALLAHAN, ELIZABETH
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name CADDELL, PAMELA
Address 650 W. OAKFIELD RD.
City-State-Zip: PENSACOLA FL 32503

Title C
Name HERR, ROBIN D
Address 1105 WILLOWOOD CIR
City-State-Zip: GULF BREEZE FL 32563

Title VC
Name HESS-HERRICK, SHARON
Address 1312 E. CERVANTES ST.
City-State-Zip: PENSACOLA FL 32501

Title T
Name GUND, CHARLES FJR.
Address 900 N 12TH AVE.
City-State-Zip: PENSACOLA FL 32501

Title ASST. SECRETARY
Name MATHEWS, MARY
Address 1717 NORTH E STREET
STE. 320
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR
Name MCGEE, ELEANOR
Address 1717 NORTH E ST
STE. 321
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: MARY MATHEWS

AS

04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date