

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770085

**FILED
Apr 28, 2015
Secretary of State
CC0661068031**

Entity Name: BAPTIST HEALTH SYSTEM FOUNDATION, INC.

Current Principal Place of Business:

841 PRUDENTIAL DRIVE
SUITE 1300
JACKSONVILLE, FL 32207

Current Mailing Address:

841 PRUDENTIAL DRIVE
SUITE 1802
JACKSONVILLE, FL 32207 US

FEI Number: 59-2487135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRANGER, HARVEY
841 PRUDENTIAL DR.
SUITE 1802
JACKSONVILLE, FL 32207 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 TP
Name GREENE, HUGH A
Address 841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip: JACKSONVILLE FL 32207

Title TC
Name DIAZ, MICHAEL
Address 841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip: JACKSONVILLE FL 32207

Title AT
Name WOOTEN, SCOTT
Address 841 PRUDENTIAL DRIVE, SUITE 1602
City-State-Zip: JACKSONVILLE FL 32207

Title TVC
Name MORI, M.D., KURT
Address 841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip: JACKSONVILLE FL 32207

Title TS
Name WARREN, CLEVE
Address 841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip: JACKSONVILLE FL 32207

Title VP
Name ALLAIRE, PH.D., PIERRE
Address 841 PRUDENTIAL DRIVE
SUITE 1802
City-State-Zip: JACKSONVILLE FL 32207

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: A. HUGH GREENE

PRESIDENT

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date