## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 770085** 

Entity Name: BAPTIST HEALTH SYSTEM FOUNDATION, INC.

FILED
Apr 08, 2024
Secretary of State
9690245571CC

## **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:

BAITY, G. SCOTT 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: G. SCOTT BAITY 04/08/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TP Title TC

Name MAYO, MICHAEL A. Name WARREN, CLEVE

Address 841 PRUDENTIAL DRIVE, SUITE 1601 Address 841 PRUDENTIAL DRIVE, SUITE 1802

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

Title AT Title ASST. SECRETARY

Name FINNEGAN, T. SCOTT Name BAITY, G. SCOTT

Address 841 PRUDENTIAL DRIVE, SUITE 1602 Address 841 PRUDENTIAL DRIVE

SUITE 1802
City-State-Zip: JACKSONVILLE FL 32207

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

Title VP

Name JONES, KIMBERLY
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: G. SCOTT BAITY, ESQ.

ASST. SECRETARY

04/08/2024