

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:32

DOCUMENT # 701448 (3)

1. Corporation Name
BERT FISH MEDICAL CENTER AUXILIARY, INC., NEW SMYRNA BEACH, FLORIDA

Principal Place of Business Mailing Address
401 PALMETTO ST 401 PALMETTO ST
NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/23/1960 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1054892 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ALBRIGHT, VIRGINIA
324 SHAGRI-LA CIR.
EDGEWATER FL 32132

10. Name and Address of New Registered Agent
81 Name THELMA L. MEEKER
82 Street Address (P.O. Box Number is Not Acceptable) 1415 UMBRELLA TR. DR.
83
84 City EDGEWATER FL 85 Zip Code 32132

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Thelma L. Meeker DATE 1-19-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALBRIGHT, VIRGINIA
STREET ADDRESS	324 SHANGRI-LA CIR
CITY-ST-ZIP	EDGEWATER FL
TITLE	T
NAME	STIFFLER, THEO
STREET ADDRESS	167 FLAMINGO RD
CITY-ST-ZIP	EDGEWATER FL 32141
TITLE	D
NAME	HAMBERG, EVELYN
STREET ADDRESS	1887 SUGAR TREE CIR
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000
TITLE	V
NAME	MEEKER, THELMA
STREET ADDRESS	1415 UMBRELLA TREE
CITY-ST-ZIP	EDGEWATER FL
TITLE	D
NAME	JONES, BIDDY
STREET ADDRESS	108 VIA DUOMO
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000
TITLE	D
NAME	LANAHAN, JOHN
STREET ADDRESS	201 BARRACUDA BLVD.
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MEEKER, THELMA	
1.3 STREET ADDRESS	1415 UMBRELLA TR. DR.	
1.4 CITY-ST-ZIP	EDGEWATER, FL. 32132	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TURNER, ANNE	
3.3 STREET ADDRESS	798 9th AVE	
3.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL. 32168	
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SPENCER, GERALDINE	
4.3 STREET ADDRESS	2604 VICTORY PALM DR.	
4.4 CITY-ST-ZIP	EDGEWATER, FL. 32141	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LLOYD, FLOY	
5.3 STREET ADDRESS	800 ISLAND POINT DR	
5.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL. 32168	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GRANT, VIVIAN	
6.3 STREET ADDRESS	909 MIDWAY STREET	
6.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL. 32168	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thelma Meeker Thelma Meeker DATE 1-19-95
Signature and typed or printed name of signing officer or director