

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 701448 (3)

1. Corporation Name

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



Principa: Place of Business

Mailing Address

401 PALMETTO ST
NEW SMYRNA BEACH FL 32168

401 PALMETTO ST
NEW SMYRNA BEACH FL 32168

3. Date Incorporated or Qualified
09/23/1960

3a. Date of Last Report
01/30/1995

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

4. FEI Number
59-1054892

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEEKER, THELMA L.
1415 UMBRELLA TRAIL DRIVE
EDGEWATER FL 32132

81 Name SPENCER, GERALDINE E.
82 Street Address (P.O. Box Number is Not Acceptable) 2604 VICTORY PALM DRIVE
83
84 City EDGEWATER FL 85 Zip Code 32141

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Geraldine E. Spencer

1/24/96

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MEEKER, THELMA	
STREET ADDRESS	1415 UMBRELLA TRAIL DRIVE	
CITY - ST - ZIP	EDGEWATER FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	STIFFLER, THEO	
STREET ADDRESS	167 FLAMINGO RD	
CITY - ST - ZIP	EDGEWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURNER, ANNE	
STREET ADDRESS	798 9TH AVENUE	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SPENCER, GERALDINE	
STREET ADDRESS	2604 VICTORY PALM DRIVE	
CITY - ST - ZIP	EDGEWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LLOYD, FLOY	
STREET ADDRESS	800 ISLAND POINT DRIVE	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRANT, VIVIAN	
STREET ADDRESS	909 MIDWAY STREET	
CITY - ST - ZIP	NEW SMYRNA BCH, FL 00000	

11 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	SPENCER, GERALDINE	
13 STREET ADDRESS	2604 VICTORY PALM DRIVE	
14 CITY - ST - ZIP	EDGEWATER FL 32141	
21 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	BAUKNECHT, FRED	
23 STREET ADDRESS	625 MIDDLEBURY LOOP	
24 CITY - ST - ZIP	NEW SMYRNA BEACH FL 32168	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	NIELSEN, CONSTANCE	
43 STREET ADDRESS	101 NO. RIVERSIDE DRIVE # 603	
44 CITY - ST - ZIP	NEW SMYRNA BEACH FL 32168	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Geraldine E. Spencer GERALDINE E. SPENCER 1/24/96 904 423 4143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)