

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).**

**FILED**

**Jul 30 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 701448 (3)**

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

Principal Place of Business <b>401 PALMETTO ST NEW SMYRNA BEACH FL 32168</b>	Mailing Address <b>401 PALMETTO ST NEW SMYRNA BEACH FL 32168</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

3. Date Incorporated or Qualified <b>09/23/1960</b>	3a. Date of Last Report <b>02/16/1996</b>
4. FEI Number <b>59-1054892</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SPENCER, GERALDINE E  
2604 VICTORY PALM DRIVE  
EDGEWATER FL 32141**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>SPENCER, GERALDINE</b>
STREET ADDRESS	<b>2604 VICTORY PALM DRIVE</b>
CITY - ST - ZIP	<b>EDGEWATER FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BAUKNECHT, FRED</b>
STREET ADDRESS	<b>625 MIDDLEBURY LOOP</b>
CITY - ST - ZIP	<b>NEW SMYRNA BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>TURNER, ANNE</b>
STREET ADDRESS	<b>798 9TH AVENUE</b>
CITY - ST - ZIP	<b>NEW SMYRNA BEACH FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>NIELSEN, CONSTANCE</b>
STREET ADDRESS	<b>101 NO. RIVERSIDE DRIVE #803</b>
CITY - ST - ZIP	<b>NEW SMYRNA BEACH FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LLOYD, FLOY</b>
STREET ADDRESS	<b>800 ISLAND POINT DRIVE</b>
CITY - ST - ZIP	<b>NEW SMYRNA BEACH FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GRANT, VIVIAN</b>
STREET ADDRESS	<b>909 MIDWAY STREET</b>
CITY - ST - ZIP	<b>NEW SMYRNA BCH, FL 00000</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SPENCER, JOHN</b>
2.3 STREET ADDRESS	<b>2604 VICTORY PALM DR</b>
2.4 CITY - ST - ZIP	<b>EDGEWATER FL 32141</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>GALASIESKI, GINNY</b>
5.3 STREET ADDRESS	<b>16 BLUE HERONS DR</b>
5.4 CITY - ST - ZIP	<b>EDGEWATER, FL 32141</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>HERRIDGE, MARGE</b>
6.3 STREET ADDRESS	<b>805 19th AVE</b>
6.4 CITY - ST - ZIP	<b>New Smyrna Beach, FL 32169</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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.

CR2E037 (4/97)

SIGNATURE REQUIRED