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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 401 PALMETTO ST NEW SMYRNA BEACH FL 32168	Mailing Address 401 PALMETTO ST NEW SMYRNA BEACH FL 32168
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3. Date Incorporated or Qualified 09/23/1960	
4. FEI Number 59-1054892	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

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 Connie Nielsen	
82 Street Address (P.O. Box Number is Not Acceptable) 101 N. Riverside Dr. # 603	
83	
84 City New Smyrna Beach	85 Zip Code FL 32168

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 *Connie Nielsen, President* *Constance M. Nielsen* DATE *1/30/98*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPENCER, GERALDINE		1.2 NAME Connie Nielsen	
STREET ADDRESS 2604 VICTORY PALM DRIVE		1.3 STREET ADDRESS 101 N. Riverside Dr, #603	
CITY-ST-ZIP EDGEWATER FL		1.4 CITY-ST-ZIP New Smyrna Beach, FL 32168	
TITLE T	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPENCER, JOHN		2.2 NAME	
STREET ADDRESS 2604 VICTORY PALM DR		2.3 STREET ADDRESS	
CITY-ST-ZIP EDGEWATER FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TURNER, ANNE		3.2 NAME	
STREET ADDRESS 798 9TH AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP NEW SMYRNA BEACH FL		3.4 CITY-ST-ZIP	
TITLE V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NIELSEN, CONSTANCE		4.2 NAME Jackie Herchak	
STREET ADDRESS 101 NO. RIVERSIDE DRIVE #603		4.3 STREET ADDRESS 418 Quay Assisi	
CITY-ST-ZIP NEW SMYRNA BEACH FL		4.4 CITY-ST-ZIP New Smyrna Beach, FL 32169	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GALASIESKI, GINNY		5.2 NAME	
STREET ADDRESS 16 BLUE HERON DR		5.3 STREET ADDRESS	
CITY-ST-ZIP EDGEWATER FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERRIDGE, MARGE		6.2 NAME Joyce Charles	
STREET ADDRESS 805 19TH AVE		6.3 STREET ADDRESS 2000 Old Mission Rd	
CITY-ST-ZIP NEW SMYRNA BCH, FL 00000		6.4 CITY-ST-ZIP New Smyrna Beach, FL 32168	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.

SIGNATURE: *John H. Spencer* DATE: *1/6/98* TIME: *7:04-423-4143*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (10/97)