

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

000042

03-01-1999 90214 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 701448

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



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	
		26			09/23/1960	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number	Applied For
					59-1054892	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
24	Zip	29	Zip	6.	Election Campaign Financing	\$5.00 May Be Added to Fees
		30	Country		Trust Fund Contribution	<input type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Correct sp of name CONNIE NIELSON 101 N. RIVERSIDE DR. #603 NEW SWYRNA BCH. FL 32168				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P NIELSEN <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNIE NIELSON	1.2 NAME	Connie Nielsen (correct sp of name)
STREET ADDRESS	101 RIVERSIDE DR. #603	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32168	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, JOHN	2.2 NAME	Judith I. Davidson
STREET ADDRESS	2604 VICTORY PALM DR	2.3 STREET ADDRESS	120 Oakmont Lane
CITY-ST-ZIP	EDGEWATER FL	2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
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	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKIE HERCHOK	4.2 NAME	Jackie Herchek (correct sp of name)
STREET ADDRESS	418 QUAY ASSISI	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32169	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALASIESKI, GINNY	5.2 NAME	Loretta O'Brien
STREET ADDRESS	16 BLUE HERON DR	5.3 STREET ADDRESS	1804 Juniper Drive
CITY-ST-ZIP	EDGEWATER FL	5.4 CITY-ST-ZIP	Edgewater, FL 32132
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE CHARLES	6.2 NAME	Evelyn Morgan
STREET ADDRESS	2000 OLD MISSION RD.	6.3 STREET ADDRESS	2224 Yule Tree Drive
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000 32168	6.4 CITY-ST-ZIP	Edgewater, FL 32141-4322

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, with all other like empowered.

SIGNATURE: Judith I. Davidson JUDITH I. DAVIDSON 1/21/99 (904) 428-9707
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)