


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90038 043 ****61.25

DOCUMENT # 701448			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

99014500



MOORE CR2E037 (11/03)

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. Name and Address of Current Registered Agent GALASIESKI, VIRGINIA 16 BLUE HERON DRIVE EDGEWATER FL 32141		7. Name and Address of New Registered Agent Name: FAYE CADDELL JOYCE F. CHARLES Street Address (P.O. Box Number is Not Acceptable): 1862 BIG CRAVE LOOP 2716 ORANGE TREE DR. City: EDGEWATER PORT ORANGE FL Zip Code: 32141 32128	
--	--	--	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Signature: *Joyce F. Charles, Treasurer* DATE: 2-11-04

SIGNATURE: *Joyce F. Charles, Treasurer* (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD NAME: CHARLES, JOYCE E STREET ADDRESS: 1862 BIG CRAVE LOOP CITY-ST-ZIP: PORT ORANGE FL 32128	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: GALASIESKI, VIRGINIA STREET ADDRESS: 16 BLUE HERON DR CITY-ST-ZIP: EDGEWATER FL 32141	<input checked="" type="checkbox"/> Delete	TITLE: VP, D NAME: ROCKOE HOLMES STREET ADDRESS: 714 PINE SHORES DR. CITY-ST-ZIP: NEW SMYRNA BEACH, FL, 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: CADDELL, FAYE STREET ADDRESS: 2716 ORANGE TREE DR. CITY-ST-ZIP: EDGEWATER FL 32141	<input type="checkbox"/> Delete	TITLE: PRESIDENT, DIRECTOR NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HARRINGTON, DONNA STREET ADDRESS: 793 PINE SHORES CIR. CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete	TITLE: VPD NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: MORGAN, EVELYN STREET ADDRESS: 2224 YULE TREE DR. CITY-ST-ZIP: EDGEWATER FL 32141	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: POLLY HEMLER STREET ADDRESS: 3205 TAMARIND DR. CITY-ST-ZIP: EDGEWATER, FL. 32141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: PERRENOD, RUTH STREET ADDRESS: 309 DUE EAST CITY-ST-ZIP: NEW SMYRNA BEACH FL 32169	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joyce F. Charles* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOYCE F. CHARLES DATE: 2-4-04 DAYTIME PHONE #: 386-763-4310