

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90061 004 \*\*\*\*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

4. FEI Number

**59-1054892**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

2005131



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

**CHARLES, JOYCE  
 1862 BIG CRANE LOOP  
 PORT ORANGE FL 32128**

7. Name and Address of New Registered Agent

Name **John M. Hickson**

Street Address (P.O. Box Number is Not Acceptable)  
**673 Middlebury Loop**

City **New Smyrna Bch, FL** Zip Code **32168**

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 *John M. Hickson* **John M. Hickson**

DATE **02/03/05**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CHARLES, JOYCE E	
STREET ADDRESS	1862 BIG CRAVE LOOP	
CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOLMES, ROCKNE	
STREET ADDRESS	714 PINE SHORE DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CADDELL, FAYE	
STREET ADDRESS	2716 ORANGE TREE DR.	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARRINGTON, DONNA	
STREET ADDRESS	793 PINE SHORES CIR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEMLER, POLLY	
STREET ADDRESS	3205 TAMARIND DR.	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERRENOD, RUTH	
STREET ADDRESS	309 DUE EAST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hickson, John M.	
STREET ADDRESS	673 Middlebury Loop	
CITY-ST-ZIP	New Smyrna Bch FL 32168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hariton Donna	
STREET ADDRESS	793 Pine Shore Cir	
CITY-ST-ZIP	New Smyrna Bch, FL 32168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elbert, Judy	
STREET ADDRESS	224 No Riverside Drive	
CITY-ST-ZIP	Edgewater, FL 32132	

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: *John M. Hickson* **John M. Hickson**

DATE **02/03/05** (356) 422-2640  
 Daytime Phone #