

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:09

DOCUMENT # **726781** (8)
1. Corporation Name
THE AUXILIARY OF BETHESDA MEMORIAL HOSPITAL, INC

Principal Place of Business Mailing Address
C/O NEIL E. MACMILLAN
2815 S. SEACREST BLVD.
BOYNTON BCH. FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/22/1973** 3a. Date of Last Report **01/19/1994**
4. FEI Number **59-6519906** Applied For
Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CAROL MACMILLAN STANLEY, ESQUIRE
29 NORTHEAST FOURTH AVENUE
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MILNER, BETTY JO
STREET ADDRESS	5332 LAKE WORTH RD, #A-13
CITY-ST-ZIP	LAKE WORTH FL
TITLE	VP
NAME	EPSON, JOAN
STREET ADDRESS	1371 SW 27TH AVE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	D
NAME	DUBOIS, LOIS
STREET ADDRESS	3345 CHURCH HILL DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	D
NAME	WHYTE, MARION
STREET ADDRESS	7 SLASH PINE VILLA
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	DT
NAME	WYSONG, DOROTHY
STREET ADDRESS	1025 N.E. 8TH AVE
CITY-ST-ZIP	DELRAY BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chisholm, Rowena
1.3 STREET ADDRESS	4260-A Pear Tree Cricle
1.4 CITY-ST-ZIP	Boynton Beach, FL 33436
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D'Errico, Barbara
2.3 STREET ADDRESS	N-208 Flamingo Drive
2.4 CITY-ST-ZIP	Briny Breezes, FL 33435
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Santella, Rosamond
3.3 STREET ADDRESS	1057 Coral Way
3.4 CITY-ST-ZIP	Boynton Beach, FL 33426
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Krehbiel, Edward
4.3 STREET ADDRESS	1000 Lowry Street, 3F
4.4 CITY-ST-ZIP	Delray Beach, FL 33483
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy Wysong Dorothy Wysong 1-16-95 (407) 737-7733
EXT. 4461