

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified 06/22/1973	3a. Date of Last Report 01/23/1995
4. FEI Number 59-6519906	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
25. Country	30. Country

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
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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHISHOLM, ROWENA	1.2 NAME	
STREET ADDRESS	4260-A PEAR TREE CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ERRICO, BARBARA	2.2 NAME	Epson, Joan
STREET ADDRESS	N-208 FLAMINGO DR	2.3 STREET ADDRESS	1371 S.W. 27 Ave
CITY-ST-ZIP	BRINY BREEZES FL	2.4 CITY-ST-ZIP	Boynton Beach, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTELLA, ROSAMOND	3.2 NAME	
STREET ADDRESS	1057 CORAL WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREHBIEL, EDWARD	4.2 NAME	
STREET ADDRESS	1000 LOWRY ST 3F	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYSONG, DOROTHY	5.2 NAME	
STREET ADDRESS	1025 N.E. 8TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rowena Chisholm Rowena Chisholm 1-23-96 (407) 737-7733 ext 4461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone

CR2E037 (12/95)