# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# 726781

**Entity Name:** THE AUXILIARY OF BETHESDA MEMORIAL HOSPITAL, INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| C/O TIMOTHY E. MONAGHAN<br>2815 S. SEACREST BLVD.<br>BOYNTON BCH., FL 33435 | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| C/O TIMOTHY E. MONAGHAN<br>2815 S. SEACREST BLVD.<br>BOYNTON BCH., FL 33435 | |

FEI Number: 59-6519906     FEI Number Applied For ( )     FEI Number Not Applicable ( )     Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| MONAGHAN, TIMOTHY E<br>54 NE 4TH AVENUE<br>DELRAY BEACH, FL 33483     US | |

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.

SIGNATURE: _____

　　　　　　　Electronic Signature of Registered Agent　　　　　　　　　　　　　　Date

## OFFICERS AND DIRECTORS:

Title:　　　PRES
Name:　　MANES, EVELYNE
Address:　12511 IMPERIAL ISLE DRIVE #405
City-St-Zip:　BOYNTON BEACH, FL 33437

Title:　　　VP-M
Name:　　DUANE, LOUISE
Address:　4060 BLUE SAGE PATH
City-St-Zip:　BOYNTON BEACH, FL 33436

Title:　　　VP-E
Name:　　WEINBERG, HARRIET
Address:　4818 BRIGHTON BEACH LAKES BLVD
City-St-Zip:　BOYNTON BEACH, FL 33436

Title:　　　RSEC
Name:　　WOOD, LOUISE
Address:　301 LEISURE LAKE CIRCLE #104
City-St-Zip:　BOYNTON BEACH, FL 33426

Title:　　　CSEC
Name:　　WALTERBACH, DOROTHY
Address:　3918 PALLADIUM LAKE DRIVE
City-St-Zip:　BOYNTON BEACH, FL 33436

Title:　　　TREA
Name:　　VREELAND, ELEANOR
Address:　18 HOLLY DRIVE
City-St-Zip:　BOYNTON BEACH, FL 33436

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE:　EVELYNE MANES　　　　　　　　　　　　　PRES　　　　　　01/04/2012

　　　　　Electronic Signature of Signing Officer or Director　　　　　　　　　　　Date