


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000005451
 1. Entity Name
 BERT FISH MEDICAL CENTER FOUNDATION, INC.



Principal Place of Business: 401 PALMETTO STREET, NEW SMYRNA BEACH, FL 32168
 Mailing Address: P.O. BOX 1000, NEW SMYRNA BEACH, FL 32170

DO NOT WRITE IN THIS SPACE



07132004 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-3219250 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 HEEKIN, JAMES F JR
 215 N EOLA DRIVE
 ORLANDO, FL 32802

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLOWER, KAY W
STREET ADDRESS	128 SAND PINE PLACE
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168
TITLE	D
NAME	FABER, CHERYL
STREET ADDRESS	448 QUAY ASSISI
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	D
NAME	JONES, HUGH
STREET ADDRESS	508 THIRD AVE
CITY-ST-ZIP	NEW SMRNA BCH, FL 32169
TITLE	DC
NAME	NELSON, JONES
STREET ADDRESS	304 DESOTO DR
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168
TITLE	D
NAME	HERCHEK, BOB
STREET ADDRESS	418 QUAY ASSISI
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	D
NAME	PRESTON, WILLIAM
STREET ADDRESS	143 CANAL STREET
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168

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 07/22/04-80009-024 61.25

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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: Bob Herchek 07/19/2004/ 386-4287279
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #