


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 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



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3219250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. *Name and Address of Current Registered Agent*

**HEEKIN, JAMES F JR
 215 N EOLA DRIVE
 ORLANDO, FL 32802**

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

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 SMRNB 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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 01/25/05-80108-011 61.25

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 1/19/05 428-7279
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #