


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90122 021 \*\*\*\*61.25

<b>DOCUMENT # N93000005451</b>					
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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3219250	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HEEKIN, JAMES F JR 215 N EOLA DRIVE ORLANDO, FL 32802			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLOWER, KAY W		NAME	Thomas Alcorn	
STREET ADDRESS	128 SAND PINE PLACE		STREET ADDRESS	240 Edif Club Dr.	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168		CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABER, CHERYL		NAME	Charles Meyer	
STREET ADDRESS	448 QUAY ASSISI		STREET ADDRESS	242 Sweet Bay Ave	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, HUGH		NAME		
STREET ADDRESS	508 THIRD AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32169		CITY-ST-ZIP		
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, JONES		NAME		
STREET ADDRESS	304 DESOTO DR		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERCHEK, BOB		NAME		
STREET ADDRESS	418 QUAY ASSISI		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, WILLIAM		NAME		
STREET ADDRESS	143 CANAL STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Teri F Cobean</i>		TERI F COBEAN 4/19/06 429-5015			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

00012700



04182006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3219250 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 7. Name and Address of New Registered Agent

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.

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLOWER, KAY W		NAME	Thomas Alcorn	
STREET ADDRESS	128 SAND PINE PLACE		STREET ADDRESS	240 Edif Club Dr.	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168		CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABER, CHERYL		NAME	Charles Meyer	
STREET ADDRESS	448 QUAY ASSISI		STREET ADDRESS	242 Sweet Bay Ave	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, HUGH		NAME		
STREET ADDRESS	508 THIRD AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32169		CITY-ST-ZIP		
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, JONES		NAME		
STREET ADDRESS	304 DESOTO DR		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERCHEK, BOB		NAME		
STREET ADDRESS	418 QUAY ASSISI		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, WILLIAM		NAME		
STREET ADDRESS	143 CANAL STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Teri F Cobean* TERI F COBEAN 4/19/06 429-5015  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

## Bert Fish Medical Center Foundation, Inc. 05-06 Board of Directors

50014756  
#N9300005457

T  
Mr. Thomas D. Alcorn  
240 Golf Club Drive  
New Smyrna Beach FL 32168  
386/427-8414  
386-428-5605 F

D  
Mr. Juels Carlson  
P.O. Box 2068  
New Smyrna Beach, FL 32170  
386/235-6969  
386-423-6232 F

D/S  
Mrs. Katharine W. Clower  
128 Sand Pine Place  
New Smyrna Beach FL 32168  
386/423-4266  
386-423-4266 F

D  
Mr. Charlie Cobb  
341 N. Ridgewood Avenue  
Edgewater, FL 32132  
386/427-5280  
386-427-3701 F

P  
Ms. Teri Ford Cobean  
1022 Clubhouse Blvd.  
New Smyrna Beach FL 32168  
386/428-3921  
386-424-5014 F

D  
Ms. Nancy Epps  
BFMC Box 6  
401 Palmetto Street  
New Smyrna Beach, FL 32168  
386-424-5219  
386-424-5075 F

D  
Dr. Avrohm W. Faber  
408 Palmetto Street  
New Smyrna Beach FL 32168  
386/427-6791  
386-427-8028 F

D  
Mrs. Cheryl Faber  
448 Quay Assisi  
New Smyrna Beach FL 32169  
386/427-9886  
386-427-8028 F

D  
Mr. Bob Garriques  
4604 Van Kleeck Drive  
New Smyrna Beach FL 32169  
386/427-5557  
386-427-8487 F

D  
Mr. Charlie Haick  
BFMC Box 32  
401 Palmetto Street  
New Smyrna Beach, FL 32168  
386-424-5133  
386-424-5047 F

D  
Mrs. Jackie Herchek  
418 Quay Assisi  
New Smyrna Beach, FL 32169  
386/428-7279  
386/428-7279

D  
Mr. Robert A. Herchek  
418 Quay Assisi  
New Smyrna Beach FL 32169  
386/428-7279  
386-428-7279 F

D  
Mrs. Sandra Huggard  
743 William Road  
New Smyrna Beach, FL 32168  
386-427-4866  
386-427-4456 F

D  
Mr. Phil J. Bonamo, Esq.  
222 Seavbreeze Blvd.  
Daytona Beach, FL 32118

D  
Mrs. Pam Kosmas  
1301 Hill Street  
New Smyrna Beach, FL 32169  
386/427-5961  
386-427-4900 F

D  
Ms. Pat Loos  
814 Staghorn Ct.  
New Smyrna Beach, FL 32168  
386-427-1068

D  
Mr. Charlie Meyer  
242 Sweet Bay Avenue  
New Smyrna Beach, FL 32168  
386/423-4702

D  
Mr. William O'Meara  
1118 Loch Lomond Ct.  
New Smyrna Beach, FL 32168  
386-428-8646

C  
Mr. William T. Preston, Esq.  
143 Canal Street  
New Smyrna Beach FL 32168  
386/424-9200  
386-423-8099 F

D  
Mr. Robert S. Thurlow, Esq.  
415 Canal Street  
New Smyrna Beach FL 32168  
386/424-1530  
386-424-1493 F

D  
Dr. Frank W. Toub  
501 Live Oak Street  
New Smyrna Beach, FL 32168  
386/428-8326  
386/428-4040 F

D  
Mr. George Tyrrell  
294 Clubhouse Blvd.  
New Smyrna Beach, FL 32168  
386/427-9070  
386/423-9649 F

D  
Mr. Fulton Williams  
875 Angelfish Avenue  
New Smyrna Beach, FL 32169  
386/423-1236