

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90061 027 ****61.25



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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



01172008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3219250

Applied For
 Not Applicable

Zip Country

Zip Country

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fees \$61.25
 Due by May 1, 2008**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CLOWER, KAY W	
STREET ADDRESS	128 SAND PINE PLACE	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	FABER, CHERYL	
STREET ADDRESS	448 QUAY ASSISI	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'MEARA, BILL	
STREET ADDRESS	1118 LOCH LOMOND CT	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYER, CHARLES	
STREET ADDRESS	242 SWEET BAY AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERCHEK, BOB	
STREET ADDRESS	418 QUAY ASSISI	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRESTON, WILLIAM	
STREET ADDRESS	143 CANAL STREET	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Felton Williams	
STREET ADDRESS	875 Angelfish Ave	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #