

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005451

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: BERT FISH MEDICAL CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

401 PALMETTO STREET  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1000  
NEW SMYRNA BEACH, FL 32170

**New Mailing Address:**

FEI Number: 59-3219250      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: D      ( ) Delete  
Name: CLOWER, KAY W  
Address: 128 SAND PINE PLACE  
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: D      ( ) Delete  
Name: FABER, CHERYL  
Address: 448 QUAY ASSISI  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D      ( ) Delete  
Name: O'MEARA, BILL  
Address: 1118 LOCH LOMOND CT  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D      ( ) Delete  
Name: MEYER, CHARLES  
Address: 242 SWEET BAY AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D      ( ) Delete  
Name: WILLIAMS, FULTON  
Address: 875 ANGELFISH AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D      ( ) Delete  
Name: PRESTON, WILLIAM  
Address: 143 CANAL STREET  
City-St-Zip: NEW SMYRNA BCH, FL 32168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S      (X) Change ( ) Addition  
Name: CLOWER, KAY W  
Address: 128 SAND PINE PLACE  
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T      (X) Change ( ) Addition  
Name: O'MEARA, BILL  
Address: 1118 LOCH LOMOND CT  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VC      (X) Change ( ) Addition  
Name: WILLIAMS, FULTON  
Address: 875 ANGELFISH AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: C      (X) Change ( ) Addition  
Name: PRESTON, WILLIAM  
Address: 143 CANAL STREET  
City-St-Zip: NEW SMYRNA BCH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARRY MAC

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/14/2009

\_\_\_\_\_  
Date