## 2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 701448** 

Entity Name: BERT FISH MEDICAL CENTER AUXILIARY, INC., NEW SMYRNA

BEACH, FLORIDA

**Current Principal Place of Business:** 

**401 PALMETTO ST** 

NEW SMYRNA BEACH, FL 32168

## **Current Mailing Address:**

401 PALMETTO ST MAIL BOX #8 NEW SMYRNA BEACH, FL 32168 US

FEI Number: 59-1054892 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

KENNEY, STEPHEN
401 PALMETTO STREET
NEW SMYDNA BEACH EL 32

NEW SMYRNA BEACH, FL 32168 US

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: STEPHEN KENNEY 06/02/2020

Electronic Signature of Registered Agent Date

## Officer/Director Detail:

City-State-Zip:

Title PRESIDENT Title RECORDING SECRETARY

Name KENNEY, STEPHEN Name LOPRIORE, SHIRLEY

Address 401 PALMETTO ST Address 401 PALMETTO ST MAIL BOX #8

NEW SMYRNA BEACH FL 32168 City-State-Zip: NEW SMYRNA BEACH FL 32168

Title CORRESPONDING SECRETARY Title T

NameMILLER, JUDYNameSUMMEY, JANET LAddress401 PALMETTO ST<br/>MAIL BOX #8Address401 PALMETTO ST<br/>MAIL BOX #8

City-State-Zip: NEW SMYRNA BEACH FL 32168 City-State-Zip: NEW SMYRNA BEACH FL 32168

I hereby 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 all other like empowered.

SIGNATURE: JANET L. SUMMEY

**TREASURER** 

06/02/2020

**FILED** 

Jun 02, 2020

Secretary of State 6429380292CC