## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 701448** 

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

BEACH, FLORIDA

FILED
Jan 05, 2021
Secretary of State
5615462287CC

## **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 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 01/05/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title RECORDING SECRETARY

Name KENNEY, STEPHEN Name MILLER, JUDY

Address 401 PALMETTO ST Address 401 PALMETTO ST

MAIL BOX #8 MAIL BOX #8

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

Title CORRESPONDING SECRETARY Title TREASURER

Name LOPRIORE, SHIRLEY Name BOWBLIS, MARIA

Address 401 PALMETTO ST Address 401 PALMETTO ST

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

Title VP

Name MORGART, MICHELE
Address 401 PALMETTO ST

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: STEPHEN KENNEY PRESIDENT 01/05/2021