

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701448

FILED
Jan 15, 2015
Secretary of State
CC2777963632

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

FEI Number: 59-1054892

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIZEMORE, PEGGY
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: PEGGY S. SIZEMORE

01/15/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name MACDONALD, KAREN
Address 401 PALMETTO STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title 1ST VP
Name ALDRIDGE, MARY ANN
Address 401 PALMETTO STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title CORR SEC
Name LEBRETON, MARY
Address 401 PALMETTO STREET
City-State-Zip: NEW SMYRNA FL 32168

Title TRES
Name SIZEMORE, PEGGY
Address 401 PALMETTO STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title REC SEC
Name LEBRETON, MARY
Address 401 PALMETTO STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title 2ND VP
Name WILSON, ANNE
Address 401 PALMETTO ST
 MAIL BOX #8
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: PEGGY SIZEMORE

ASST TREAS

01/15/2015

Electronic Signature of Signing Officer/Director Detail

Date