

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726781

Entity Name: THE AUXILIARY OF BETHESDA HOSPITAL, INC.**Current Principal Place of Business:**C/O TIMOTHY E. MONAGHAN
2815 S. SEACREST BLVD.
BOYNTON BCH., FL 33435**Current Mailing Address:**C/O TIMOTHY E. MONAGHAN
2815 S. SEACREST BLVD.
BOYNTON BCH., FL 33435**FEI Number:** 59-6519906**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONAGHAN, TIMOTHY E
54 NE 4TH AVENUE
DELRAY BEACH, FL 33483 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	MANES, EVELYNE
Address	12511 IMPERIAL ISLE DRIVE #405
City-State-Zip:	BOYNTON BEACH FL 33437

Title	VP-M
Name	DUANE, LOUISE
Address	4060 BLUE SAGE PATH
City-State-Zip:	BOYNTON BEACH FL 33436

Title	VP-E
Name	WEINBERG, HARRIET
Address	4818 BRIGHTON BEACH LAKES BLVD
City-State-Zip:	BOYNTON BEACH FL 33436

Title	RSEC
Name	WOOD, LOUISE
Address	301 LEISURE LAKE CIRCLE #104
City-State-Zip:	BOYNTON BEACH FL 33426

Title	CSEC
Name	WALTERBACH, DOROTHY
Address	3918 PALLADIUM LAKE DRIVE
City-State-Zip:	BOYNTON BEACH FL 33436

Title	TREA
Name	VREELAND, ELEANOR
Address	18 HOLLY DRIVE
City-State-Zip:	BOYNTON BEACH FL 33436

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: EVELYNE MANES**PRESIDENT****01/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date