

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 05, 2015
Secretary of State
CC8690253422

Entity Name: BERT FISH MEDICAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

401 PALMETTO STREET
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

401 PALMETTO STREET
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-3219250

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HARRELL, STEVE
401 PALMETTO ST
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name MCCLELLAND, SUE MRS.
Address 5300 S. ATLANTIC AVE #14604
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title TREASURER
Name GRIFFITH, KATHY
Address HIDDEN LAKES GOLF COURSE
214 GOLF CLUB DRIVE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title CHAIRMAN
Name WILLIAMS, FULTON
Address 875 ANGELFISH AVE
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title VC
Name DRIVER, PAT MR.
Address 106 VIA CAPRI
City-State-Zip: NEW SMYRNA BCH FL 32169

Title PRESIDENT
Name BAIR, CRAIG
Address 401 PALMETTO
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: CRAIG BAIR

PRESIDENT

02/05/2015

Electronic Signature of Signing Officer/Director Detail

Date