

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005451

**FILED**  
**Mar 26, 2014**  
**Secretary of State**  
**CC9188865242**

**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 DIRECTOR  
Name FABER, CHERYL  
Address 448 QUAY ASSISI  
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 DIRECTOR  
Name WILLIAMS, DIANE  
Address 875 ANGELFISH AVE  
City-State-Zip: NEW SMYRNA BEACH FL 32169

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

Title VC  
Name PRESTON, WILLIAM  
Address 143 CANAL STREET  
City-State-Zip: NEW SMYRNA BCH FL 32168

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:** FULTON WILLIAMS

**CHAIR**

**03/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date