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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704282** (3)

1. Corporation Name

BETHESDA HOSPITAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2815 SOUTH SEACREST BLVD
BOYNTON BEACH FL 33435**

**PO BOX 2200
DELRAY BCH. FL 33447-2200**



3. Date Incorporated or Qualified

07/13/1962

4. FEI Number

59-6137805

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOBS, ROXANNE
4 LAWRENCE LAKE DRIVE
BOYNTON BEACH FL 33436**

81 Name

Kathleen K. Wiedemer

82 Street Address (P.O. Box Number is Not Acceptable)

2424 N. Federal Highway #402

83

84 City

Boynton Beach

FL

85 Zip Code **33435**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Kathleen K. Wiedemer*

KATHLEEN K. WIEDEMER

2/25/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE

NAME **BRYANT, DONALD L**
STREET ADDRESS **1489 PARTRIDGE PLACE NORTH**
CITY-ST-ZIP **BOYNTON BCH. FL**

TITLE **D** ☐ DELETE

NAME **PLUM, WILLIAM M**
STREET ADDRESS **1715 DEL HAVEN DR**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **PD** ☐ DELETE

NAME **KIENTZY, GEORGE E JR**
STREET ADDRESS **12730 OAK ARBOR DR**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **SD** ☒ DELETE

NAME **GREENE, LINDA P.**
STREET ADDRESS **1709 DEL HAVEN DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **VD** ☒ DELETE

NAME **ORTHWEIN, JOAN K.**
STREET ADDRESS **543 PALM WAY**
CITY-ST-ZIP **GULF STREAM FL**

TITLE **TD** ☒ DELETE

NAME **SEARCY, W. TUNSTALL**
STREET ADDRESS **10035 LIMBERRY DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL**

1.1 TITLE

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

George E. Kientzy Jr **GEORGE E KIENTZY JR** (561) 272-6465 2/26/98

CR2E037 (10/97)