

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90181 035 ****70.00

DOCUMENT # 704282

1. Corporation Name

BETHESDA HOSPITAL FOUNDATION, INC.

Principal Place of Business

2815 SOUTH SEACREST BLVD
BOYNTON BEACH FL 33435

Mailing Address

PO BOX 2200
DELRAY BCH. FL 33447-2200



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/13/1962

4. FEI Number

59-6137805

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WIEDEMER, KATHLEEN K.
2424 N. FEDERAL HWY #402
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name LONDON, MARK
82 Street Address (P.O. Box Number is Not Acceptable)
5651 CAMINO DEL SOL APT. 303
83 BOCA RATON FL 33433
84 City FL 85 Zip Code

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 *Mark A. London*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-99

DATE

12. OFFICERS AND DIRECTORS

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 TD ☐ DELETE
NAME RIPLEY, RAYMOND JR.
STREET ADDRESS 3603 QUAIL RIDGE DRIVE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE SD ☒ DELETE
NAME NOREM, STORMET C.
STREET ADDRESS 800 WEST BOYNTON BEACH BLVD
CITY-ST-ZIP BOYNTON BEACH FL

TITLE VP ☒ DELETE
NAME DUBOIS, WILLIAM A. JR
STREET ADDRESS 921 SW 36TH AVENUE
CITY-ST-ZIP BOYNTON BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMAN/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE SD ☐ Change ☒ Addition
2.2 NAME ELEEZA REX
2.3 STREET ADDRESS 52 COUNTRY ROAD WEST
2.4 CITY-ST-ZIP VILLAGE OF GOLF, FL 33436

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME J. MARSHALL SUANE III
5.3 STREET ADDRESS 1095 HIBISCUS AVENUE
5.4 CITY-ST-ZIP DELRAY BEACH, FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-561-757-7733

Daytime Phone # ext 1905

CR2E037 (1/98)