


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90060 007 ****61.25

DOCUMENT # 704282 1. Entity Name BETHESDA HOSPITAL FOUNDATION, INC.					
Principal Place of Business 2815 SOUTH SEACREST BLVD BOYNTON BEACH, FL 33435			Mailing Address PO BOX 243628 BOYNTON BEACH, FL 33424		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6137805	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARVEY, KAY 2076 CEZANNE RD WEST PALM BEACH, FL 33409				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFF, THOMAS J		NAME	William Plum	
STREET ADDRESS	10738 SPICEWOOD TRAIL		STREET ADDRESS	2310 Southwest Cranbrook Drive	
CITY - ST - ZIP	BOYNTON BEACH, FL 33436		CITY - ST - ZIP	Boynton Beach, FL 33436	
TITLE	VCD	<input checked="" type="checkbox"/> Delete	TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUEENEY, GAIL		NAME	Mary Morrell	
STREET ADDRESS	930 EMERALD ROW		STREET ADDRESS	1065 Del Haven Drive	
CITY - ST - ZIP	DELRAY BEACH, FL 33483		CITY - ST - ZIP	Delray BEach, FL 33483	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTHOLOMEW, ARTHUR P		NAME		
STREET ADDRESS	6665 N OCEAN BLVD #B-5		STREET ADDRESS		
CITY - ST - ZIP	OCEAN RIDGE, FL		CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRELL, MARY		NAME	Karen Phillips	
STREET ADDRESS	1065 DEL HAVEN DR		STREET ADDRESS	11702 North Lake Drive	
CITY - ST - ZIP	DELRAY BEACH, FL		CITY - ST - ZIP	Boynton Beach, FL 33436	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Kay Harvey, Executive Director <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/18/2005 561-737-7733 <small>Date Daytime Phone #</small>		

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