2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2005 90060 007 ****61.2

DOCUMENT # 704282 1. Entity Name BETHESDA HOSPITAL FOUNDATION, INC.					04-04-200.	3 90000 007	01.2	23
2815 SOUTH SEACREST BLVD PO S		Mailing Address PO BOX 243628 BOYNTON BEACH, FL 33	1424			•		
2. Principal P	lace of Business	3. Mailing Address	<u> </u>					
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Suite, Apt. #, etc.					005 Chg-NP	CR2E037	<u> </u>	
City & State		City & State	Dity & State		Number -6137805	_	<u> </u>	pplied For at Applicable
Zip	Country	Zip	Country	5. Cent	ificate of Status Desir	ed_	8.75 Add	litional d
	6. Name and Address of Current R	legistered Agent		7. Nam	e and Address of Ne			
HARVEY, I	KAY		Name					
2076 CEZ/			Street Add		Number is Not Accep	table)		
						·········	1	
			City			FL	Zip Code	ð
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office a	registered agent,	or both, in the State (of Florida. I am fa	miliar with,	and accept
SIGNATURE.		, , , , , , , , , , , , , , , , , , ,				DATE		
	Signature, typed or printed name of registered agent a	no toe a appacazie. (NOTE: F	Hegistered Agent signat	re required when rainsta	ungj	DATE		ì
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Col	paign Financing	S5.00 Added to	May Be	Make check Florida Departi		
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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, Faydia 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.

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SIGNATURE: .

Kay Harvey, Executive Director
BIGHATURE AND TYPED ON PRINTED NAME OF SIGNATUR OFFICER ON DIRECTOR

3/18/2005 561-737-7733