

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90029 013 ****70.00

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6137805

Applied For
Not Applicable

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

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

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **D** ☐ Delete
NAME **PLUM, WILLIAM**
STREET ADDRESS **2310 SOUTHWEST CRANBROOK DRIVE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **D** ☐ Change ☒ Addition
NAME **OTTO EDGAR**
STREET ADDRESS **8558 HORSESHOE LANE**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **D** ☐ Delete
NAME **MORRELL, MARY**
STREET ADDRESS **1965 DEL HAVEN DRIVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **D** ☒ Change ☐ Addition
NAME **10 ACACIA DRIVE**
STREET ADDRESS **BOYNTON BEACH, FL 33436**

TITLE **D** ☐ Delete
NAME **BURNS, DANIEL E**
STREET ADDRESS **1036 BUCIDA ROAD**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **D** ☐ Change ☒ Addition
NAME **PETER BLUM**
STREET ADDRESS **1890 SOUTH OCEAN BLVD.**
CITY-ST-ZIP **MANALAPAN, FL 33462**

TITLE **SD** ☒ Delete
NAME **LANGAN, CHRISTINE R**
STREET ADDRESS **10539 CORALBERRY WAY**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MURRAY, JACK**
STREET ADDRESS **3532 ROYAL TERN LN**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **UNDERWOOD, MARY ALICE**
STREET ADDRESS **2587 NORTHSIDE DR**
CITY-ST-ZIP **LANTANA, FL 33462**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]

3-1-08

561-737-7733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #