

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704282

FILED
Feb 02, 2009
Secretary of State

Entity Name: BETHESDA HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

2815 SOUTH SEACREST BLVD
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

PO BOX 243628
BOYNTON BEACH, FL 33424

New Mailing Address:

FEI Number: 59-6137805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, KAY
2076 CEZANNE RD
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PLUM, WILLIAM
Address: 2310 SOUTHWEST CRANBROOK DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: MORRELL, MARY
Address: 10 ACACIA DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: BURNS, DANIEL E
Address: 1036 BUCIDA ROAD
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: BLUM, PETER
Address: 1890 SOUTH OCEAN BLVD
City-St-Zip: MANALAPAN, FL 33462

Title: D () Delete
Name: MURRAY, JACK
Address: 3532 ROYAL TERN LN
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: OTTO, EDGAR
Address: 8558 HORSESHOE LANE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ELLINGSWORTH, E. HOWARD
Address: 504 NE 4TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33483

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. HOWARD ELLINGSWORTH

D

02/02/2009

Electronic Signature of Signing Officer or Director

Date