2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# 704282

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 (X)**

Name and Address of Current Registered Agent:

STRAWN, JOEL T
54 NE FOURTH AVENUE
DELRAY BCH, FL 33483 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
Name: PLUM, WILLIAM
Address: 2310 SOUTHWEST CRANBROOK DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

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

Title: D
Name: SARGEANT, DEBORAH
Address: 1420 N. OCEAN BLVD.
City-St-Zip: GULF STREAM, FL 33483

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

Title: D
Name: ELLINGSWORTH, E. HOWARD
Address: 96 NE 4TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33483

Title: D
Name: CHESLACK, BRIAN G
Address: 1201 GEORGE BUSH BLVD.
City-St-Zip: DELRAY BEACH, FL 33483

I hereby 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 all other like empowered.

SIGNATURE: ROCCO CORSARO CFO 01/05/2011

Electronic Signature of Signing Officer or Director Date