03 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-10-2003 90747 041 ****61.25

DOCUMENT # 704282

1. Entity Name
BETHESDA HOSPITAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
2815 SOUTH SEACREST BLVD BOYNTON BEACH FL 33435	PO BOX 2200 DELRAY BCH. FL 33447-2200

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 243628 Suite, Apt. #, etc.
City & State	Boynton Beach, FL
Zip / Country	33424 / U.S.A

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 Kay Harvey
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD DUANE, MARSHALL J 1095 HIBISCUS AVE DELRAY BEACH FL	☒ Delete	Chairman Thomas J. Wolff (D) 10738 Spicewood Trail Boynton Beach, FL 33436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CE WOLFF, THOMAS 10735 SPICEWOOD TR BOYNTON BCH FL 33436	☒ Delete	Vice Chairman Gail Queeney (D) 930 Emerald Row Gulfstream, FL 33483	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUANE, III, J. MARSHALL 1095 HIBISCUS AVE DELRAY BCH FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BARTHOLOMEW, ARTHUR P (D) 6665 N OCEAN BLVD #B-5 OCEAN RIDGE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORRELL, MARY (D) 1065 DEL HAVEN DR DELRAY BEACH FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: Thomas J. Wolff SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #