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**Jun 09 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726781 (8)
1. Corporation Name
THE AUXILIARY OF BETHESDA MEMORIAL HOSPITAL, INC



Principal Place of Business
C/O Timothy E. Monaghan
C/O NEIL E. MACMILLAN
2815 S. SEACREST BLVD.
BOYNTON BCH. FL 33435

Mailing Address
C/O NEIL E. MACMILLAN
2815 S. SEACREST BLVD.
BOYNTON BCH. FL 33435-7934

3. Date Incorporated or Qualified
06/22/1973

3a. Date of Last Report
01/29/1996

4. FEI Number
59-6519906

Applied For
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CAROL MACMILLAN STANLEY, ESQUIRE
29 NORTHEAST FOURTH AVENUE
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name
Timothy E. Monaghan

82 Street Address (P.O. Box Number is Not Acceptable)
54 NE 4th Avenue

83

84 City
Delray Beach

FL 85 Zip Code
33483

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **6/4/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CHISHOLM, ROWENA	
STREET ADDRESS	4280-A PEAR TREE CIR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EPSON, JOHN	
STREET ADDRESS	1371 S.W. 27TH AVE.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANTELLA, ROSAMOND	
STREET ADDRESS	1057 CORAL WAY	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KREHBIEL, EDWARD	
STREET ADDRESS	1000 LOWRY ST 3F	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	WYSONG, DOROTHY	
STREET ADDRESS	1025 N.E. 8TH AVE	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gloria Gulnick	
1.3 STREET ADDRESS	10974 Greentrail Dr.S0.	
1.4 CITY-ST-ZIP	Boynton FL 33436	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McGow, Ottillie	
2.3 STREET ADDRESS	4637 Kittywake Ct.	
2.4 CITY-ST-ZIP	Boynton Beach, FL 33436	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Stauffer, Carolyn	
3.3 STREET ADDRESS	1000 Lowry St. 1A	
3.4 CITY-ST-ZIP	Delray Beach, FL 33483	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

[Signature] **6/4/97**

BL Dep \$ 6/25

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

(561)

CR2E037 (9/96)