


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 2815 S. SEACREST BLVD. BOYNTON BCH. FL 33435	Mailing Address C/O TIMOTHY E. MONAGHAN 2815 S. SEACREST BLVD. BOYNTON BCH. FL 33435
--	--

3. Date Incorporated or Qualified 06/22/1973	
4. FEI Number 59-6519906	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**MONAGHAN, TIMOTHY E
54 NE 4TH AVENUE
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

01 Name	
02 Street Address (P.O. Box Number is Not Acceptable)	
03	
04 City	05 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GULNICK, GLORIA	
STREET ADDRESS	10974 GREENTRAIL DR.SO.	
CITY-ST-ZIP	BOYNTON FL 33436	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCGOW, OTILLIE	
STREET ADDRESS	4837 KITTYWAKE CT.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STAUFFER, CAROLYN	
STREET ADDRESS	1000 LOWRY ST. 1A	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KREHBIEL, EDWARD	
STREET ADDRESS	1000 LOWRY ST 3F	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joan Geehr	
2.3 STREET ADDRESS	2200 S. Ocean Blvd. #1004	
2.4 CITY-ST-ZIP	Delray Beach, FL 33483	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Evelyn Bendett	
3.3 STREET ADDRESS	5136 Floria Drive, Apt. C	
3.4 CITY-ST-ZIP	Boynton Beach FL 33437	
4.1 TITLE		<input 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		

14. 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 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.

SIGNATURE: *Gloria Gulnick* **Gloria Gulnick** 4/8/98 (561)737-7733

CR2E037 (10/97)