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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726781

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

06/22/1973

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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE PD
NAME GULNICK, GLORIA
STREET ADDRESS 10974 GREENTRAIL DR.SO.
CITY-ST-ZIP BOYNTON FL 33436

TITLE VD DELETE

NAME GEEHR, JOAN
STREET ADDRESS 2200 S OCEAN BLVD #1004
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE SD DELETE

NAME BENDETT, EVELYN
STREET ADDRESS 5136 FL DRIVE, APT C
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE TD DELETE

NAME KREHBIEL, EDWARD
STREET ADDRESS 1000 LOWRY ST 3F
CITY-ST-ZIP DELRAY BCH FL

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PD Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SD Change Addition

3.2 NAME Eve Nardone
3.3 STREET ADDRESS 4977A Equestrian Circle
3.4 CITY-ST-ZIP Boynton Beach, FL 33436

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Edmond T. Krehbiel REQUIRED

3-8-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)