

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90010 005 ****61.25

DOCUMENT # 726781

1. Entity Name

THE AUXILIARY OF BETHESDA MEMORIAL HOSPITAL, INC

Principal Place of Business

Mailing Address

C/O TIMOTHY E. MONAGHAN
 2815 S. SEACREST BLVD.
 BOYNTON BCH. FL 33435

C/O TIMOTHY E. MONAGHAN
 2815 S. SEACREST BLVD.
 BOYNTON BCH. FL 33435-7934

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6519906

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME **VD EPSON, JOAN**
 STREET ADDRESS **1371 SW 27TH AVENUE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

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

TITLE Change Addition
 NAME **PD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD NARDONE, EVE**
 STREET ADDRESS **4977A EQUESTRAIN CIR**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE Change Addition
 NAME **BENDETT, EVELYN**
 STREET ADDRESS **5136 FL Drive, Apt C**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Edward Krehbiel*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 2000

Date

Daytime Phone #

CR2E037 (9/99)