



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 726781 1. Entity Name THE AUXILIARY OF BETHESDA MEMORIAL HOSPITAL, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6519906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$81.25**  
**Due by May 1, 2007**

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

U00000637594  
 02/26/07-80065-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLMS, GERTRUDE 301 LEISURE LAKE CIRCLE #102 BOYNTON BEACH, FL 334264247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANTELLA, ROSAMOND 1057 CORAL DRIVE BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEYOE, ALICE 4685 BUCIDA ROAD BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREHBIEL, EDWARD 1000 LOWRY ST 3F DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Gertrude Willms 2/6/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #