

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 726781

1. Entity 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



01142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6519906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLMS, GERTRUDE
STREET ADDRESS 301 LEISURE LAKE CIRCLE #102
CITY-ST-ZIP BOYNTON BEACH, FL 334264247

TITLE TD
NAME SANTELLA, ROSAMOND
STREET ADDRESS 1057 CORAL DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE SD
NAME DEYOE, ALICE
STREET ADDRESS 4685 BUCIDA ROAD
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE D
NAME KREHBIEL, EDWARD
STREET ADDRESS 1000 LOWRY ST 3F
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #