2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726781

FILED Feb 02, 2009 Secretary of State

Entity Name: THE AUXILIARY OF BETHESDA MEMORIAL HOSPITAL, INC.

Current Principal Place of Business: New Principal Place of Business:

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

New Mailing Address: Current Mailing Address:

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

FEI Number: 59-6519906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition WILLMS, GERTRUDE GANNON, THELMA Name: Name: 301 LEISURE LAKE CIRCLE #102 Address: 5000 N OCEAN BLVD E 201 Address: City-St-Zip: BOYNTON BEACH, FL 334264247 City-St-Zip: BRINY BREEZES, FL 33435

VP-M Title: Title: (X) Change () Addition () Delete

SANTELLA, ROSAMOND Name: MANES, EVELYNE Name: Address: 1057 CORAL DRIVE Address: 12511 IMPERIAL ISLE DR. #405

City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: BOYNTON BEACH, FL 33437

Title: () Delete Title: VP-C (X) Change () Addition DEYOE, ALICE WEINBERG, HARRIET Name: Name:

4685 BUCIDA ROAD 4818 BRIGHTON BEACH LAKES BLVD Address: Address:

City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOYNTON BEACH, FL 33436

Title: () Delete Title: **RSEC** (X) Change () Addition

Name: KREHBIEL, EDWARD Name: DEYOE, ALICE Address: 1000 LOWRY ST 3F Address: 4685 BUCIDA RD City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: BOYNTON BEACH, FL 33436

Title: () Delete Title: CSEC () Change (X) Addition

MORGAN, ELLEN Name: Name:

9860 B CHESTNUT TREE TERRACE Address: Address: City-St-Zip: City-St-Zip: BOYNTON BEACH, FL 33436

Title: () Delete Title: TREA () Change (X) Addition

MANLA, CAROLE Name: Name: Address: Address: 2007 SW 17TH ST.

BOYNTON BEACH, FL 33426 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THELMA GANNON **PRES** 02/02/2009