

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729442

1. Entity Name

BETHESDA MEMORIAL FUND, INCORPORATED

Principal Place of Business

BOX 461  
DELRAY BEACH FL 33447

Mailing Address

BOX 461  
DELRAY BEACH FL 33447

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

23-7366401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

STANLEY, CAROL MACMILLAN, ESQ.  
29 N.E. FOURTH AVENUE  
DELRAY BEACH FL 33444

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 VPD ☐ Delete  
NAME BOWEN, MARGARET W  
STREET ADDRESS 116 MARINE WAY  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME MOORE, ANNE  
STREET ADDRESS 1409 LAKE DRIVE  
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RABORN, LENORE  
STREET ADDRESS 52 COUNTRY ROAD SOUTH  
CITY-ST-ZIP VILLAGE OF GOLF FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME WILLMS, GERTRUDE  
STREET ADDRESS 301 LEISURE LAKE CR  
CITY-ST-ZIP BOYNTON BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME TIMM, JANE  
STREET ADDRESS 3412 CHATELAINE BLVD  
CITY-ST-ZIP DELRAY BEACH FL 33445

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-2002

Date

Daytime Phone #

737-7733  
266 4467

FILED  
Jan 16, 2002 8:00 am  
Secretary of State

01-16-2002 90230 036 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)