2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 729442

1. Entity Name
BETHESDA MEMORIAL FUND, INCORPORATED

Principal Place of Business	Mailing Address
BOX 461 DELRAY BEACH, FL 33447	BOX 461 DELRAY BEACH, FL 33447

02042004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000067536
02/27/04-80003-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	BOWEN, MARGARET W
STREET ADDRESS	116 MARINE WAY
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	SD
NAME	MOORE, ANNE
STREET ADDRESS	1409 LAKE DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	D
NAME	RABORN, LENORE
STREET ADDRESS	52 COUNTRY ROAD SOUTH
CITY-ST-ZIP	VILLAGE OF GOLF, FL
TITLE	P
NAME	WILLMS, GERTRUDE
STREET ADDRESS	301 LEISURE LAKE CR
CITY-ST-ZIP	BOYNTON BCH, FL
TITLE	TD
NAME	KREHBIEL, EDWARD
STREET ADDRESS	1000 LOWRY ST, 3F
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	VPD
NAME	TIMM, JANE
STREET ADDRESS	3412 CHATELAINE BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE

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.

561-737-7733

SIGNATURE: Edward Krehbiel Edward Krehbiel 2-11-04 ext 4315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR