


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 729442</b> 1. Entity Name BETHESDA MEMORIAL FUND, INCORPORATED	
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Principal Place of Business BETHESDA MEMORIAL HOSPITAL BOYNTON BEACH, FL 33435	Mailing Address 2815 SOUTH SEACREST BLVD BOYNTON BEACH, FL 33435
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01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7366401	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  STANLEY, CAROL MACMILLAN, ESQ. 29 N.E. FOURTH AVENUE DELRAY BEACH, FL 33444
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**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, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWEN, MARGARET W 116 MARINE WAY DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANGAN, CRIS 10539 CORALBERRY WAY BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RABORN, LENORE 52 COUNTRY ROAD SOUTH VILLAGE OF GOLF, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLMS, GERTRUDE 301 LEISURE LAKE CR BOYNTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KREHBIEL, EDWARD 1000 LOWRY ST, 3F DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TIMM, JANE 3412 CHATELAINE BLVD 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 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:** *Edward Krehbiel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-18-07* *737-7733*  
Date Daytime Phone #