## 2008 NOT-FOR-PROFIT CORPORATION

## FILED 00 Al tate

ANNUAL REPORT					Jan 24, 2008 08:			
DOCU	MENT # 729442			S	ecretary of S			
BETHESDA MEMORIAL FUND, INCORPORATED								
	1. *** • • · · · ·	NA-W Address	- CO. 11					
BETHESDA I	ce of Business MEMORIAL HOSPITAL IEACH, FL 33435	Mailing Address 2815 SOUTH SEACREST BLVD BOYNTON BEACH, FL 33435		· ·				
':			•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		III <b>i</b> ibii <b>iib</b> ii <b>ii</b> bii <b>i</b> ibii iibii iibi iib		
	gra making ng panggang panggang ng banggang ng Mga ng panggang ng panggang ng panggang ng panggang ng panggang			01162008 No		CR2E037 (4/06)		
E	O NOT WRITE	IN THIS SPA	CE	4. FEI Number		Applied For		
	ટું પૂર્વ જુલા કુલા કરવા છે. તારા કુલા હતું મહતા હતું માનું પ્રાપ્ત કરો છે. તારા કુલા હતું કરતા હતું માનું પ્રાપ્ત કરો છે.			23-736640 5. Certificate of S		Not Applicable  \$8.75 Additional Fee Required		
	6. Name and Address of Current Ro	gistered Agent			18 15 4 1 5 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Samily Experience		
29 N.E. FO	', CAROL MACMILLAN, ESQ. DURTH AVENUE BEACH, FL 33444			DON	OT WR	i ratiata Pancia Kataka di Ti		
	·		क्षी तहीं है है है है है। किसी तहीं है के बेच है।	este di Majaren e di Senggaran di Selah	明朝的	r findig for the field of the figure.		
<ol><li>The above the obligation</li></ol>	e named entity submits this statement for tractions of registered agent.	ne purpose of changing its registere	ed office or register	ed agent, or both, in	the State of Florida	a. I am familiar with, and accept		
SIGNATURE.	= 1 4 90	re. 0.	•		/	21-08		
SIGNATORE.	Signature, typed or printed name of registered agent and	title il applicable (NOTE: Registere	d Agent signature required	when reinstating)	· .	DATE ;		
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan     Trust Fund Contribution.		00 May Be		•		
10.	OFFICERS AND DI	RECTORS		Party of the		Sept of Bug Holding &		
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		politika arabu igi Politika galaka da Bergio arabaka Politika dalaka		)1/29/08-8	0017 <del>1</del> 002 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RABORN, LENORE 52 COUNTRY ROAD SOUTH VILLAGE OF GOLF, FL		entales es esta entales es es esta entales es es es es entales es entales es es entales es	DO N	IOT WF	RITE E		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLMS, GERTRUDE 301 LEISURE LAKE CR BOYNTON BCH, FL			INT	HS SPA			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KREHBIEL, EDWARD 1000 LOWRY ST, 3F DELRAY BEACH, FL 33483	<u>"</u>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TIMM, JANE 3412 CHATELAINE BLVD DELRAY BEACH, FL 33445							
49   hard:		P1	10 1			erge ver struktur. 42		

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.

SIC	NAT	'IID	┏.
$\mathbf{u}$	1771	UN	L.,

NAME

TITLE

NAME

Educad Yero Deval

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

121/08

Daytima Phone #