

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729442

FILED
Feb 23, 2011
Secretary of State

Entity Name: BETHESDA MEMORIAL FUND, INCORPORATED

Current Principal Place of Business:

BETHESDA MEMORIAL HOSPITAL
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

2815 SOUTH SEACREST BLVD
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 23-7366401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: WILLMS, GERTRUDE
Address: 301 LEISURE LAKE CIRCLE#102
City-St-Zip: BOYNTON BEACH, FL 33426

Title: V-1
Name: LANGAN, CHRIS
Address: 10539 CORALBERRY WAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S-RE
Name: MANES, EVELYNE
Address: 12511 IMPERIAL ISLE DRIVE #405
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S-CO
Name: WEEMS, CECILE
Address: 10827 GLENEAGLES ROAD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TRE
Name: EPSON, JOAN
Address: 1371 SW 27TH AVE.
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby 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 all other like empowered.

SIGNATURE: GERTRUDE WILLMS

PRES

02/23/2011

Electronic Signature of Signing Officer or Director

Date