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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005451

1. Corporation Name

BERT FISH MEDICAL CENTER FOUNDATION, INC.

Principal Place of Business

**401 PALMETTO STREET
NEW SMYRNA BEACH FL 32168**

Mailing Address

**P.O. BOX 1000
NEW SMYRNA BEACH FL 32170**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/03/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3219250

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEEKIN, JAMES F JR
215 N EOLA DRIVE
ORLANDO FL 32802**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **TRASK, KAY W**
STREET ADDRESS **128 SAND PINE PLACE**
CITY-ST-ZIP **NEW SMYRNA BCH FL 32168**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **BITTEL, LYNN**
STREET ADDRESS **450 QUAY ASSISI**
CITY-ST-ZIP **NEW SMYRNA BCH FL 32169**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **JAKOMAS, TEDD**
STREET ADDRESS **1051 SUGAR MILL DR.**
CITY-ST-ZIP **NEW SMYRNA BCH FL 32168**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **CAMBRIA, GERALD**
STREET ADDRESS **731 ST. ANDREWS CIR.**
CITY-ST-ZIP **NEW SMYRNA BCH FL 32168**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **WARNING, WALT**
STREET ADDRESS **4303 S. ATLANTIC AVE.**
CITY-ST-ZIP **NEW SMYRNA BCH FL 32169**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **TRUMBO, ROBERT B**
STREET ADDRESS **340 NO. CAUSEWAY**
CITY-ST-ZIP **NEW SMYRNA BCH FL 32169**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)