

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000005451

1. Entity 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



07132004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3219250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

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

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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 September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE D
NAME FABER, CHERYL
STREET ADDRESS 448 QUAY ASSISI
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE D
NAME JONES, HUGH
STREET ADDRESS 508 THIRD AVE
CITY-ST-ZIP NEW SMYRNA BCH, FL 32169

TITLE DC
NAME NELSON, JONES
STREET ADDRESS 304 DESOTO DR
CITY-ST-ZIP NEW SMYRNA BCH, FL 32168

TITLE D
NAME HERCHEK, BOB
STREET ADDRESS 418 QUAY ASSISI
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE D
NAME PRESTON, WILLIAM
STREET ADDRESS 143 CANAL STREET
CITY-ST-ZIP NEW SMYRNA BCH, FL 32168

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07/22/04-80009-024 61.25

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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.

SIGNATURE:

Bob Herchek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/19/2004/ 386-4287279
Date Daytime Phone #