

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 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



01102005 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

6. Name and Address of Current Registered Agent

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

**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, 2005**

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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01/25/05-80108-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

1/19/05 428-7279  
Date Daytime Phone #