

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90061 027 \*\*\*\*61.25

**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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete  
NAME **D O'MEARA, BILL**  
STREET ADDRESS **1118 LOCH LOMOND CT**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE ☐ Delete  
NAME **D MEYER, CHARLES**  
STREET ADDRESS **242 SWEET BAY AVE**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D Fulton Williams**  
STREET ADDRESS **875 Angelfish Ave**  
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #