

FILED

Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90014 008 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03188

1. Corporation Name

DEBORAH HOSPITAL FOUNDATION, INC.

Principal Place of Business

212 TRENTON ROAD/CYMROT CENTER
BROWNS MILLS, NJ. 08015

Mailing Address

212 TRENTON ROAD/CYMROT CENTER
BROWNS MILLS, NJ. 08015

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/28/1984

4. FEI Number

22-2049500

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. 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

~~TUCHEY, HAROLD P.~~
THE ATRIUM FINANCIAL CENTER
1515 NORTH FEDERAL HIGHWAY, SUITE 304
BOCA RATON FL 33432

81 Name

BURKE, MAUREEN

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

THE ATRIUM FINANCIAL CENTER

83

1515 NORTH FEDERAL HIGHWAY, SUITE 304

84 City

BOCA RATON

FL

85 Zip Code

33432

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-16-99

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

MARGEORTES, SPERO

STREET ADDRESS

TRENTON ROAD

CITY-ST-ZIP

BROWNS MILLS NJ

☐ DELETE

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change☐ Addition

TITLE

D

NAME

KATZ, JULIUS

STREET ADDRESS

TRENTON ROAD

CITY-ST-ZIP

BROWNS MILLS NJ

☐ DELETE

2.1 TITLE

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change☐ Addition

TITLE

D

NAME

ERNST, JOHN

STREET ADDRESS

TRENTON ROAD

CITY-ST-ZIP

BROWNS MILLS NJ

☐ DELETE

3.1 TITLE

32 NAME

33 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change☐ Addition

TITLE

T

NAME

WINDERMAN, BENJAMIN

STREET ADDRESS

TRENTON ROAD

CITY-ST-ZIP

BROWNS MILLS NJ

☒ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change☐ Addition

TITLE

D

NAME

MINARDO, CARL J.

STREET ADDRESS

TRENTON ROAD

CITY-ST-ZIP

BROWNS MILLS NJ

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change☐ Addition

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

5/1/99

609-893-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)