

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUN 17 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03188

1. Entity Name
DEBORAH HOSPITAL FOUNDATION, INC.



Principal Place of Business
212 TRENTON ROAD/CYMROT CENTER
BROWN MILLS, NJ 08015

Mailing Address
212 TRENTON ROAD/CYMROT CENTER
BROWN MILLS, NJ 08015

DO NOT WRITE IN THIS SPACE

03222004 No Chg-NP CR2E037 (10/03)

4. FEI Number
22-2049500

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLIA, CHRIS
THE ATRIUM FINANCIAL CENTER
1515 NORTH FEDERAL HIGHWAY, SUITE 304
BOCA RATON, FL 33432

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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 May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MARGEORTES, SPERO
STREET ADDRESS TRENTON ROAD
CITY-ST-ZIP BROWNS MILLS, NJ

TITLE D
NAME ERNST, JOHN
STREET ADDRESS TRENTON ROAD
CITY-ST-ZIP BROWNS MILLS, NJ

TITLE D
NAME MINARDO, CARL J.
STREET ADDRESS TRENTON ROAD
CITY-ST-ZIP BROWNS MILLS, NJ

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

06/16/04--01005--001 **70.00
900037991799
06/16/04--01005--001 **70.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Spero Margeotes
President & CEO

Date

Daytime Phone #

05-17-04