


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED

05 JUN 27 AM 10:35

SECRET, NO STATE
FALLAH'S - 10/03/04



05312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 22-2049500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	700057315297 07/12/05--01010--005 **61.25
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARGEORTES, SPERO TRENTON ROAD BROWNS MILLS, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNST, JOHN TRENTON ROAD BROWNS MILLS, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINARDO, CARL J. TRENTON ROAD BROWNS MILLS, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 thereto.

SIGNATURE: <u>Carl J. Minardo, OFFICER</u> Director of Finance & Administration Deborah Hospital Foundation	Date: <u>6/15/05</u>	Daytime Phone #: <u>(609) 893-0300</u>
---	----------------------	--