

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726781

**FILED**  
**Jan 30, 2019**  
**Secretary of State**  
**8732882322CC**

**Entity Name:** THE AUXILIARY OF BETHESDA HOSPITAL, INC.

**Current Principal Place of Business:**

C/O TIMOTHY E. MONAGHAN  
2815 S. SEACREST BLVD.  
BOYNTON BCH., FL 33435

**Current Mailing Address:**

C/O TIMOTHY E. MONAGHAN  
2815 S. SEACREST BLVD.  
BOYNTON BCH., FL 33435

**FEI Number: 59-6519906**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MONAGHAN, TIMOTHY E  
54 NE 4TH AVENUE  
DELRAY BEACH, FL 33483 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            PIERCE, CONNIE  
Address        10448 LEXINGTON CIRCLE SOUTH  
City-State-Zip: BOYNTON BEACH FL 33436

Title            VP-M  
Name            FLEMISTER, FAYE  
Address        6055 VERDE TRAIL SO. H315  
City-State-Zip: BOCA RATON FL 33433

Title            VP-E  
Name            WEINBERG, HARRIET  
Address        4818 BRIGHTON BEACH LAKES BLVD  
City-State-Zip: BOYNTON BEACH FL 33436

Title            RSEC  
Name            MANES, EVELYNE  
Address        12511 IMPERIAL ISLE DRIVE #405  
City-State-Zip: BOYNTON BEACH FL 33437

Title            TREA  
Name            MESZAROS, KATHY  
Address        14957 SERENITY LANE  
City-State-Zip: DELRAY BEACH FL 33484

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CONNIE PIERCE**

**PRESIDENT**

**01/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date