

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726781

FILED
Jan 15, 2013
Secretary of State
CC8858077537

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

Title VP-M
Name DUANE, LOUISE
Address 4060 BLUE SAGE PATH
City-State-Zip: BOYNTON BEACH FL 33436

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

Title RSEC
Name WOOD, LOUISE
Address 301 LEISURE LAKE CIRCLE #104
City-State-Zip: BOYNTON BEACH FL 33426

Title CSEC
Name WALTERBACH, DOROTHY
Address 3918 PALLADIUM LAKE DRIVE
City-State-Zip: BOYNTON BEACH FL 33436

Title TREA
Name VREELAND, ELEANOR
Address 18 HOLLY DRIVE
City-State-Zip: BOYNTON BEACH FL 33436

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: EVELYNE MANES

PRESIDENT

01/15/2013

Electronic Signature of Signing Officer/Director Detail

Date