

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 848239 (0)
1. Corporation Name
BETHESDA LUTHERAN HOMES AND SERVICES, INC.

Principal Place of Business Mailing Address
700 HOFFMANN DRIVE 700 HOFFMANN DRIVE
700 HOFFMANN DR. 700 HOFFMANN DR.
WATERTOWN WI 53094 WATERTOWN WI 53094

2. Principal Place of Business 2a. Mailing Address
21 700 HOFFMANN DRIVE 26 700 HOFFMANN DRIVE

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 WATERTOWN, WI 28 WATERTOWN, WI

Zip Country Zip Country
24 53094 25 USA 29 53094 30 USA

9. Name and Address of Current Registered Agent

MCSWIGAN JAMES A.
251 ROYAL PALM WAY
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
02/11/1981 03/23/1994

4. FEI Number Applied For
39-0806446 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title of agent

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	WERNER, BEULAH
STREET ADDRESS	8840 DECIMA STR
CITY - ST - ZIP	CINCINNATI OH
TITLE	VD
NAME	POLENS, ROBERT L.
STREET ADDRESS	17520 CAVANAUGH LAKE RD.
CITY - ST - ZIP	CHELSEA MI
TITLE	PD
NAME	MUNDT, WILLIAM F.
STREET ADDRESS	5218 KEVINS WAY
CITY - ST - ZIP	MADISON WI
TITLE	D
NAME	SMITH, HELEN C
STREET ADDRESS	634 SANDY SUMMIT DR
CITY - ST - ZIP	MANCHESTER MO
TITLE	AS
NAME	NAPOLITANO, ALEXANDER L.
STREET ADDRESS	1081 LAUREL COURT
CITY - ST - ZIP	WATERTOWN WI
TITLE	TD
NAME	GANSWINDT, RALPH C.
STREET ADDRESS	2445 COACH HOUSE DR.
CITY - ST - ZIP	BROOKFIELD WI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D REINHOLTZ, STANLEY E.
43 STREET ADDRESS	5026 BAYFIELD TERRACE
44 CITY - ST - ZIP	MADISON WI 53705
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Dr. A. L. Napolitano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DR. A.L. NAPOLITANO, ASSISTANT SECRETARY

3/30/95

(414) 261-3050