


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

Principal Place of Business 700 HOFFMANN DRIVE WATERTOWN WI 53094 US	Mailing Address 700 HOFFMANN DRIVE WATERTOWN WI 53094 US
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

3. Date Incorporated or Qualified 02/11/1981	4. FEI Number 39-0806446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**MCSWIGAN JAMES A.
251 ROYAL PALM WAY
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	SCHMEDA, CAROLE
STREET ADDRESS	N34 W23858 GRACE AVENUE
CITY-ST-ZIP	PEWAUKEE WI
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	PONATH, DAVID M. REV.
STREET ADDRESS	2008 MESABI AVENUE
CITY-ST-ZIP	MAPLEWOOD MN
TITLE	TD <input type="checkbox"/> DELETE
NAME	REINHOLTZ, STANLEY E.
STREET ADDRESS	5026 BAYFIELD TERR
CITY-ST-ZIP	MADISON WI
TITLE	AS <input checked="" type="checkbox"/> DELETE
NAME	NAPOLITANO, ALEXANDER L.
STREET ADDRESS	1081 LAUREL COURT
CITY-ST-ZIP	WATERTOWN WI
TITLE	VD <input type="checkbox"/> DELETE
NAME	GANSWINDT, RALPH C.
STREET ADDRESS	2445 COACH HOUSE DR.
CITY-ST-ZIP	BROOKFIELD WI
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	GANSWINDT, RALPH C.
2.4 CITY-ST-ZIP	2445 COACH HOUSE DR BROOKFIELD, WI
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AS
4.3 STREET ADDRESS	GESKE, F. DAVID
4.4 CITY-ST-ZIP	1023 W MAIN ST., APT B3 WATERTOWN, WI
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VD
5.3 STREET ADDRESS	LOTTMAN, JOHN D.
5.4 CITY-ST-ZIP	4802 POST OAK TIMBER HOUSTON, TX 77056
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: David F. Geske **NOTAR PUBLIC REQUIRED** 1/26/98 920-261-3050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR F. D. GESKE ASST SEC Date Daytime Phone # 0078531

CR2E037 (10/97)