

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90051 014 \*\*\*150.00

**DOCUMENT # 728955**

1. Entity Name  
**BETHESDA, INC.**



Principal Place of Business

240 14TH AVE. S.  
JACKSONVILLE BEACH, FL 32250-6318

Mailing Address

240 14TH AVE. S.  
JACKSONVILLE BEACH, FL 32250-6318

**50019087**



**DO NOT WRITE IN THIS SPACE**

02152005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**23-7380515**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HUNTER, FRANK  
240 14TH AVE. S.  
JACKSONVILLE BEACH, FL 32250

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME WYNN, J W  
STREET ADDRESS 972 SEABREEZE AVE  
CITY-ST-ZIP JACKSONVILLE BCH. FL.

TITLE ST  
NAME DILLIN, JULIETTE K  
STREET ADDRESS 1621 BERWICK RD  
CITY-ST-ZIP JACKSONVILLE, FL 00000.

TITLE VD  
NAME HUDGENS, ELAINE  
STREET ADDRESS 941 RUTH AVE  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 with an address, with all other like empowered.

**SIGNATURE:** *J. W. Wynn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #