

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90077 033 \*\*\*\*61.25

**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

**DO NOT WRITE IN THIS SPACE**

40101100



04232007 No Chg-NP

CR2E037 (4/06)

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, 2007**

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 5628 SWAMP FOX ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32210

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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-07

904-247-1565