


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 728955</b> 1. Entity Name BETHESDA, INC.	
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Principal Place of Business 240 14TH AVE. S. JACKSONVILLE BEACH, FL 32250-6318	Mailing Address 240 14TH AVE. S. JACKSONVILLE BEACH, FL 32250-6318
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>23-7380515</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

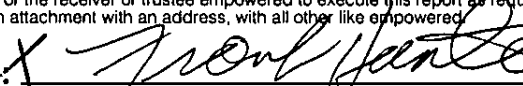
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000778742 01/11/08-80009-013 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYNN, J W 5628 SWAMP FOX ROAD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DILLIN, JULIETTE K 1621 BERWICK RD JACKSONVILLE, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUDGENS, ELAINE 941 RUTH AVE 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 **1-8-08** Daytime Phone # **904 247 1565**