2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 728955

Entity Name: BETHESDA, INC.

Current Principal Place of Business:

240 14TH AVE. S.
JACKSONVILLE BEACH, FL 322506318

New Principal Place of Business:

330 A1A NORTH
SUITE 321
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

240 14TH AVE. S.
JACKSONVILLE BEACH, FL 322506318

New Mailing Address:

330 A1A NORTH
SUITE 321
PONTE VEDRA BEACH, FL 32082

FEI Number: 23-7380515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HUNTER, FRANK
330 A1A NORTH
SUITE 321
PONTE VEDRA BEACH, FL 32082 US

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.

SIGNATURE: FRANK HUNTER 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WYNN, J W
Address: 5628 SWAMP FOX ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: ST ( ) Delete
Name: DILLIN, JULIETTE K
Address: 1621 BERWICK RD
City-St-Zip: JACKSONVILLE, FL 00000,

Title: VD ( ) Delete
Name: HUDGENS, ELAINE
Address: 941 RUTH AVE
City-St-Zip: JACKSONVILLE, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WYNN, JW
Address: 5628 SWAMP FOX ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: STD (X) Change ( ) Addition
Name: WYNN, KATHLEEN
Address: 5628 SWAMP FOX ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: VD (X) Change ( ) Addition
Name: HUNTER, FRANK
Address: 330 A1A NORTH, SUITE 321
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Change (X) Addition
Name: FLOWERS, GENIE B
Address: 330 A1A NORTH, SUITE 321
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK HUNTER VD 04/30/2009
Electronic Signature of Signing Officer or Director Date