# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 12, 2004 8:00 am**
**Secretary of State**
03-12-2004 90018 011 ****61.25

DOCUMENT # 848239

1. Entity Name
BETHESDA LUTHERAN HOMES AND SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 600 ~~700~~ HOFFMANN DRIVE<br>WATERTOWN, WI 53094 US | 600 ~~700~~ HOFFMANN DRIVE<br>WATERTOWN, WI 53094 US |

02192004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
39-0806446
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCSWIGAN JAMES A.
251 ROYAL PALM WAY
PALM BEACH, FL 33480

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | SD |
| NAME | SCHMEDA, CAROLE |
| STREET ADDRESS | N34 W23858 GRACE AVENUE |
| CITY-ST-ZIP | PEWAUKEE, WI |
| TITLE | CD |
| NAME | BAUER, JOHN E |
| STREET ADDRESS | 8800 W BLUEMOUND RD |
| CITY-ST-ZIP | MILWAUKEE, WI 53226 |
| TITLE | TD |
| NAME | ED, LEFEVRE |
| STREET ADDRESS | 4308 W DEERMEADOW |
| CITY-ST-ZIP | PEORIA, IL 61615 |
| TITLE | P |
| NAME | GESKE, DAVID F |
| STREET ADDRESS | 700 HOFFMANN DR |
| CITY-ST-ZIP | WATERTOWN, WI |
| TITLE | VCD |
| NAME | FREDERICK, MUNDT D |
| STREET ADDRESS | 775 QOOD CT |
| CITY-ST-ZIP | ZIONSVILLE, IN 460772029 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** _____ President & CEO 2/23/04 920-261-3050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #