## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 848239**

FILED Jan 25, 2006 Secretary of State

Entity Name: BETHESDA LUTHERAN HOMES AND SERVICES, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	MANN DRIVE DWN, WI 530						
Current M	lailing Addre	ss:	New Maili	ng Address	::		
	MANN DRIVE DWN, WI 530						
FEI Number	: 39-0806446	FEI Number Applied For ( )	FEI Number Not Appl	licable ( )	Certificate of Status Desired (	)	
Name and	Address of (	Current Registered Agent:	Name and	Address o	f New Registered Agent:		
1201 HAYS TALLAHAS The above	S STREET SSEE, FL 323		purpose of changing i	ts registered	d office or registered agent, or b	ooth,	
SIGNATUI							
0.014/(101		nic Signature of Registered A	gent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SECR ( MAYER, HELE 1527 STATE R CUTLER, IL 6	OUTE 154	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	BAUER, JOHN	'AN BUREN ST. #509	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	TRSR ( ED, LEFEVRE 4308 W DEER PEORIA, IL 61		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	GESKE, DAVID		Title: Name: Address: City-St-Zip:	PRES GESKE, DAV 600 HOFFM WATERTOW			
Title: Name: Address: City-St-Zip:	VCHR ( ULMER, ROBE 21300 WEST ( OLATHE, KS 6	06TH ST	Title: Name: Address: City-St-Zip:	VCHR ULMER, ROI 21300 WES OLATHE, KS	T 106TH ST		
Title: Name: Address: City-St-Zip:	KACZMARSKI, 600 HOFFMAN		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY A. KACZMARSKI VP 01/25/2006