

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002791

FILED
Apr 29, 2009
Secretary of State

Entity Name: BETHESDA FAMILY SERVICES FOUNDATION, INC.

Current Principal Place of Business:

88 BULL RUN CROSSING
SUITE ONE
LEWISBURG, PA 17837 US

New Principal Place of Business:

Current Mailing Address:

88 BULL RUN CROSSING
SUITE ONE
LEWISBURG, PA 17837 US

New Mailing Address:

FEI Number: 23-2816631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROWE, FRED REV.
19505 SW 117 COURT
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: REICH, ROBERT
Address: 1938 KRATZERVILLE ROAD
City-St-Zip: WINFIELD, PA 17889

Title: VC () Delete
Name: CARPENTER, JOHN
Address: 101 N. ELEVENTH ST.
City-St-Zip: SUNBURY, PA 17801

Title: T () Delete
Name: KELLY, FRED
Address: 18 FAIRWAY DRIVE
City-St-Zip: SELINGSGROVE, PA 17870 US

Title: D () Delete
Name: NAGLE, GEORGE
Address: 1500 MARKET ST. 38TH FLOOR
City-St-Zip: PHILADELPHIA, PA 19102

Title: P () Delete
Name: HERBST, DOMINIC
Address: 88 BULL RUN CROSSING, SUITE ONE
City-St-Zip: LEWISBURG, PA 17837

Title: D () Delete
Name: WETZEL, MARY
Address: 3 CRESTMONT DR.
City-St-Zip: EAGLES MERE, PA 17731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOMINIC P. HERBST

P

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date