

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002202

FILED
Apr 30, 2007
Secretary of State

Entity Name: BETHESDA SPRINGS, INC.

Current Principal Place of Business:

2260 FERDON BLVD SOUTH - # 237
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

2260 FERDON BLVD SOUTH - # 237
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 20-5266474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEARN, LUCILLE A
410 JILLIAN DR
CRESTVIEW, FL 32536 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: PD () Delete
Name: HEARN, OSCAR
Address: 410 JILLIAN DR
City-St-Zip: CRESTVIEW, FL 32536

Title: VPD () Delete
Name: HEARN, LUCILLE A
Address: 410 JILLIAN DR
City-St-Zip: CRESTVIEW, FL 32536

Title: ST () Delete
Name: HEARN, CRYSTAL
Address: 2260 FERDON BLVD SOUTH - # 237
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: SCHOFFIELD, CAROL
Address: 6088 BLUEBERRY LN
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: STEELE, BETTY
Address: 2334 JONES AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: MAPLES, MARTHA
Address: 1860 LILAC LN
City-St-Zip: TALLAHASSEE, FL 32304

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
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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: OSCAR HEARN

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date