

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007342

FILED  
Sep 26, 2012  
Secretary of State

**Entity Name:** BETHESDA HOUSE OF MERCY, INC.

**Current Principal Place of Business:**

1691 NW 191 TERRACE  
MIAMI, FL 33169

**New Principal Place of Business:**

20815 NE 16 AVENUE  
B-30  
MIAMI, FL 33179

**Current Mailing Address:**

1691 NW 191 TERRACE  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 27-3130219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MINUS, DAVID G SR  
1691 NW 191 TERRACE  
MIAMI, FL 33169 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: MR  
Name: MINUS, DAVID G SR  
Address: 1691 NW 191 TERRACE  
City-St-Zip: MIAMI, FL 33169

Title: MS.  
Name: WILLIAMS, SONIA A  
Address: 1801 S.W. 72ND AVE  
City-St-Zip: PLANTATION, FL 33317

Title: MS.  
Name: ATKINSON, DEBORAH  
Address: 461 IVES DAIRY ROAD B402  
City-St-Zip: MIAMI, FL 33179

Title: MRS  
Name: MINUS-CLARK, DAVINA N  
Address: PO BOX 694940  
City-St-Zip: MIAMI, FL 33269

I hereby 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 all other like empowered.

SIGNATURE: DAVID G. MINUS, SR.

MR

09/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date