


5-19-97 B-7584 C
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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003780 (2)**

1. Corporation Name

BETHESDA FAMILY SERVICES FOUNDATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**28 N.E. 18TH STREET
HOMESTEAD FL 33030**

**28 N.E. 18TH STREET
HOMESTEAD FL 33030-4519**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1995		3a. Date of Last Report 05/01/1996	
21 U.S. Route 15 South		26 1644 NW 20th Street		4. FEI Number 65-0614722		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. P.O. Box 210		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23 West Milton, PA		City & State 28 Homestead, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24 17886	Country 25 Union	Zip 29 33030	Country 30 Dade	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAN HEUSEN, STEVE V
28 N.E. 18TH STREET
HOMESTEAD FL 33030**

81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)	1644 NW 20th Street		
83			
84 City	Homestead	85 State	FL
		86 Zip Code	33030

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERBST, DOMINIC P			1.2 NAME	Herbst, Dominic		
STREET ADDRESS	PO BOX 210 ROUTE 15 SOUTH			1.3 STREET ADDRESS	P.O. Box 210 Route 15 S.		
CITY-ST-ZIP	WEST MILTON PA 17886			1.4 CITY-ST-ZIP	West Milton, PA 17886		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEEN, JERILYN			2.2 NAME	Keen, Jerilyn		
STREET ADDRESS	PO BOX 210 ROUTE 15 SOUTH			2.3 STREET ADDRESS	P.O. Box 210 Route 15 S.		
CITY-ST-ZIP	WEST MILTON PA 17886			2.4 CITY-ST-ZIP	West Milton, PA 17886		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	S,T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN HEUSEN, STEVE			3.2 NAME	VanHeusen, Steven		
STREET ADDRESS	28 NE 18TH ST.			3.3 STREET ADDRESS	1644 NW 20th Street		
CITY-ST-ZIP	HOMESTEAD FL 33030			3.4 CITY-ST-ZIP	Homestead, FL 33030		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RAMIREZ, JOSEPH			4.2 NAME	Bowe, Ed		
STREET ADDRESS	26467 SW 126TH AVE.			4.3 STREET ADDRESS	5 South Krome Ave.		
CITY-ST-ZIP	HOMESTEAD FL 33032			4.4 CITY-ST-ZIP	Homestead, FL 33030		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PETERS, MARGARET DR.			5.2 NAME	Washington, Arthur		
STREET ADDRESS	325 NW 18TH ST.			5.3 STREET ADDRESS	755 West Palm Drive		
CITY-ST-ZIP	HOMESTEAD FL 33030			5.4 CITY-ST-ZIP	Florida City, FL 33034		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Justice, Herma		
STREET ADDRESS				6.3 STREET ADDRESS	755 West Palm Drive		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Florida City, FL 33034		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dominic P. Herbst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dominic P. Herbst April 25, 1997 (717) 568-2373

CR2E037 (9/96)