5-19-97 B - 757 FILE NOW: FILING FEE IS \$61

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000003780 (2) DOCUMENT #

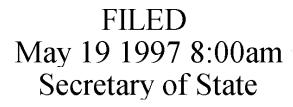
1. Corporation Name

BETHESDA FAMILY SERVICES FOUNDATION OF FLORIDA,

Principal Place of Business

Mailing Address

SO ME 40YU CYDEET





HOMESTEAD FI		HOMESTEAD FL 33030-4519				
				3. Date Incorporated or Qualified 08/08/1995	3a. Date of Las 05/01/1	
· ·	lace of Business	2a. Mailing Address	Charach	4. FEI Number 65-0614722		Applied For
Suite, Apt.	Route 15 South	26 1644 NW 20th	Street	00'00 14722	·····	Not Applicable
L	Box 210	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	5 Additional Required
City & Stati	6	City & State		6. Election Campaign Financing	·	00 May Be
<u> 201</u>	Milton, PA	28 Homestead, F	[a	Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i		r s. 199.032,
24 17886			o Dade		Yes K No	
	9. Name and Address of Current	Registered Agent	61 Name	10. Name and Address of New Re	platered Agent	
28 N.E.	usen, steve v 18th street Tead FL 33030			Address (P.O. Box Number is Not Acceptable 1988) 20th Street	le)	
			84 City	Romestead		ip 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 n	uronee of chenging	a ite registered
office or re agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 617.0503, Flori	thorized by the cor da Statutes.	poration's board of directors. I hereby accep	t the appointment	as registered
SIGNATURE .	Signature, typed or printed name of registered agent	A STATE OF THE STA		required when reinstating)		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECT	ORS IN 12
TITLE	D	DELETE	1.1 TITLE	P	Chang	
NAME	HERBST, DOMINIC P		1.2 NAME	Herbst, Dominic		,
STREET ADDRESS	PO BOX 210 ROUTE 15 SOUT	H		P.O. Box 210 Route 15 S	ł.	
C(TY-ST-Z)P	WEST MILTON PA 17886	••	1.4 CITY-ST-ZIP	West Milton, PA 17886	•	
TITLE	D	DELETE	2.1 TITLE	V 141001/ FR 17000	□ Chang	e Addition
NAMÉ	KEEN, JERILYN		2.2 NAME	Keen, Jerilyn	34 •	
STREET ADDRESS	PO BOX 210 ROUTE 15 SOUT	H	2.3 STREET ADDRESS	P.O. Box 210 Route 15	0	
CITY - ST - ZIP	WEST MILTON PA 17886		2.4 CITY-ST-ZIP	West Milton, PA 17886	J.	
TITLE	D	☐ DELETE	3,1 TITLE	S,T	- Chang	e Addition
NAME	VAN HEUSEN, STEVE		3.2 NAME	VanHeusen, Steven		
STREET ADDRESS	28 NE 18TH ST.		3.3 STREET ADDRESS	1644 NW 20th Street		1
CITY-ST-ZIP	HOMESTEAD FL 33030		3.4. CITY-ST-ZIP	Homestead, FL 33030		
THUE	D	DELETE	4.1 TITLE	D	☐ Chang	e 🛣 Addition
NAME	RAMIREZ, JOSEPH		4.2 NAME	Bowe, Ed		Ì
STREET ADDRESS	26467 SW 126TH AVE.		4.3 STREET ADDRESS	5 South Krome Ave. Homestead, FL 33030		
CITY-ST-ZIP	HOMESTEAD FL 33032		4.4 CITY-ST-ZIP	Homestead, FL 33030		
TITLE	D	☐ DELETE	5.1 TITLE	D	Chang	e 🛣 Addition
NAME	PETERS, MARGARET DR.		5.2 NAME	Washington, Arthur		
STREET ADDRESS	325 NW 18TH ST.		5.3 STREET ADDRESS	755 West Palm Drive		
CHTY-ST-ZIP	HOMESTEAD FL 33030		5.4 CITY-ST-ZIP	Florida City, FL 33	3034	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Chang	e 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 330	34	
SA IND bornb	w cortify that the information expedied	and the state of t				***************************************

on supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 poration or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name