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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

U.S. ROUTE 15 SOUTH
P.O. BOX 210
WEST MILTON PA 17886
US

1644 N.W. 20TH STREET
HOMESTEAD FL 33030
US

2. Principal Place of Business

2a. Mailing Address

21 **25 N.W. 8th Street**

26 **Rt. 15 South**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **P.O. Box 210**

27 **P.O. Box 210**

City & State

City & State

23 **Homestead, FL**

28 **West Milton, PA**

Zip

Country

Zip

Country

24 **33030**

25 **U.S.**

29 **17886**

30 **U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAN HEUSEN, STEVE V
1644 N.W. 20TH ST
HOMESTEAD FL 33030

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

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	P	<input type="checkbox"/> DELETE
NAME	HERBST, DOMINIC	
STREET ADDRESS	P.O. BOX 210, RT. 15 S.	
CITY-ST-ZIP	WEST MILTON PA	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Arthur Washington	
1.3 STREET ADDRESS	755 West Palm Drive	
1.4 CITY-ST-ZIP	Florida City, FL 33034	

TITLE	V	<input type="checkbox"/> DELETE
NAME	KEEN, JERILYN	
STREET ADDRESS	PO BOX 210 ROUTE 15 SOUTH	
CITY-ST-ZIP	WEST MILTON PA	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Herma Justice	
2.3 STREET ADDRESS	755 West Palm Drive	
2.4 CITY-ST-ZIP	Florida City, FL 33034	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	VAN HEUSEN, STEVE	
STREET ADDRESS	28 NE 18TH ST.	
CITY-ST-ZIP	HOMESTEAD FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMIREZ, JOSEPH	
STREET ADDRESS	26467 SW 126TH AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33032	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, MARGARET DR.	
STREET ADDRESS	325 NW 18TH ST.	
CITY-ST-ZIP	HOMESTEAD FL 33030	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWE, ED	
STREET ADDRESS	5 SOUTH KROME AVE.	
CITY-ST-ZIP	HOMESTEAD FL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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

4/23/98 (717)568-1131

CR2E037 (10/97)