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**May 04, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000003780**

1. Corporation Name

**BETHESDA FAMILY SERVICES FOUNDATION OF FLORIDA,  
INC.**

Principal Place of Business

25 NW 8TH ST  
P.O. BOX 210  
HOMESTEAD FL 33030  
US

Mailing Address

RT 15 S  
POB 210  
W MILTON PA 17886  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**08/08/1995**

21 **N/A**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**65-0614722**

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

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 ☐ DELETE  
NAME **P**  
STREET ADDRESS **HERBST, DOMINIC**  
CITY-ST-ZIP **P.O. BOX 210, RT. 15 S.  
WEST MILTON PA**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **KEEN, JERILYN**  
CITY-ST-ZIP **PO BOX 210 ROUTE 15 SOUTH  
WEST MILTON PA**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **ST**  
STREET ADDRESS **VAN HEUSEN, STEVE**  
CITY-ST-ZIP **28 NE 18TH ST.  
HOMESTEAD FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **RAMIREZ, JOSEPH**  
CITY-ST-ZIP **26467 SW 126TH AVE.  
HOMESTEAD FL 33032**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **WASHINGTON, ARTHUR**  
CITY-ST-ZIP **755 W PALM DR  
FLORIDA CITY FL 33034**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BOWE, ED**  
CITY-ST-ZIP **5 SOUTH KROME AVE.  
HOMESTEAD FL**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

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

**Herbst**

**April 29, 1999**

**(570)568-2373**

Date

Daytime Phone #

CR2E037 (11/98)