

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 17, 2001 08:00 AM****Secretary of State****DOCUMENT # N95000003780****1. Entity Name**  
BETHESDA FAMILY SERVICES FOUNDATION OF FLORIDA, INC.**Principal Place of Business**  
25 NW 8TH ST  
P.O. BOX 210  
HOMESTEAD  
33030  
US  
**FL****Mailing Address**  
RT 15 S  
POB 210  
W MILTON  
17886  
US  
**PA****2. Principal Place of Business**  
201 NORTH KROME**3. Mailing Address**  
POB 210Suite, Apt. #, etc.  
SUITE 2D

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
HOMESTEAD  
US  
**FL****City & State**  
WEST MILTON  
US  
**PA****4. FEI Number**  
65-0614722**Applied For**  
☐ **Not Applicable****Zip**  
33030  
US**Zip**  
17886  
US**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**VAN HEUSEN STEVE V  
1644 N.W. 20TH STHOMESTEAD  
33030  
US  
**FL****Name**  
LONGNECKER JON**Street Address (P.O. Box Number is Not Acceptable)**  
201 NORTH KROME**SUITE 2D****City**  
HOMESTEAD  
**FL** **Zip Code**  
33030**8. 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 JON LONGNECKER****04/17/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:**  
**FEE IS \$61.25****9. Election Campaign Financing**  
Trust Fund Contribution. ☐**\$5.00 May Be**  
Added to Fees**Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
D  
BOWE ED  
5 SOUTH KROME AVE.  
HOMESTEAD  
FL  
☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
D  
BOWE ED  
5 SOUTH KROME AVE.  
HOMESTEAD  
FL 33030  
☒ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
D  
WASHINGTON ARTHUR  
755 W PALM DR  
FLORIDA CITY  
FL 33034  
☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
D  
WASHINGTON ARTHUR  
755 W PALM DR  
FLORIDA CITY  
FL 33034  
☒ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
D  
RAMIREZ, JOSEPH  
26467 SW 126TH AVE.  
HOMESTEAD  
FL 33032  
☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
D  
RAMIREZ JOSE  
26467 SW 126TH ST.  
HOMESTEAD  
FL 33032  
☒ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
ST  
VAN HEUSEN, STEVE  
28 NE 18TH ST.  
HOMESTEAD  
FL  
☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
ST  
VANHEUSEN STEVE  
28 NE 18TH ST.  
HOMESTEAD  
FL 33030  
☒ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
V  
KEEN JERILYN  
PO BOX 210 ROUTE 15 SOUTH  
WEST MILTON  
PA  
☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
V  
KEEN JERILYN  
PO BOX 270 ROUTE 15 SOUTH  
WEST MILTON  
PA 17886  
☒ Change ☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
P  
HERBST DOMINIC  
P.O. BOX 210, RT. 15 S.  
WEST MILTON  
PA  
☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
P  
HERBST DOMINIC  
P.O. BOX 210  
WEST MILTON  
PA 17886  
☒ Change ☐ Addition**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE: Dominic Herbst**

Pres

04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)