

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003780

FILED
Apr 23, 2004
Secretary of State

Entity Name: BETHESDA FAMILY SERVICES FOUNDATION OF FLORIDA, INC.

Current Principal Place of Business:

36 SILVER MOON LANE
LEWISBURG, PA 17837 US

New Principal Place of Business:

Current Mailing Address:

POB 210
WEST MILTON, PA 17886 US

New Mailing Address:

FEI Number: 65-0614722 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CROWE, FRED REV.
19505 SW 117 COURT
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERBST, DOMINIC
Address: P.O. BOX 210
City-St-Zip: WEST MILTON, PA 17886 US

Title: D () Delete
Name: MELLERSON, PATRICIA
Address: 224 WASHINGTON AVENUE
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D () Delete
Name: WALDMAN, JUDITH
Address: 1283 EGRET ROAD
City-St-Zip: HOMESTEAD, FL 33035 US

Title: T () Delete
Name: BAKER, KEN
Address: PO BOX 210
City-St-Zip: WEST MILTON, PA 17886 US

Title: D () Delete
Name: VANHEUSEN, STEVEN
Address: 1644 NW 20TH STREET
City-St-Zip: HOMESTEAD, FL 33030 US

Title: D () Delete
Name: SIBLESZ, ISABEL
Address: 2534 SE 20 PLACE
City-St-Zip: HOMESTEAD, FL 33035 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMINIC P. HERBST

P

04/23/2004

Electronic Signature of Signing Officer or Director

Date