

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000003780

FILED
Apr 29, 2003
Secretary of State

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

Current Principal Place of Business:

201 NORTH KROME
SUITE 2D
HOMESTEAD, FL 33030 US

New Principal Place of Business:

36 SILVER MOON LANE
LEWISBURG, PA 17837 US

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:

BURGER, STACEY
201 NORTH KROME
SUITE 2D
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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

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: REVEREND FRED CROWE

04/29/2003

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: C () Delete
Name: BOWE, EDWARD
Address: 5 SOUTH KROME
City-St-Zip: HOMESTEAD, FL 33030 US

Title: S () Delete
Name: BURGER, STACEY
Address: 201 NORTH KROME
City-St-Zip: HOMESTEAD, FL 33030 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: D (X) Change () Addition
Name: MELLERSON, PATRICIA
Address: 224 WASHINGTON AVENUE
City-St-Zip: HOMESTEAD, FL 33030 US

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

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

04/29/2003

Electronic Signature of Signing Officer or Director

Date