

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90701 003 \*\*\*\*61.25

**DOCUMENT # N99000001920**

1. Entity Name

**BETHESDA THE HOUSE OF MERCY, INC.**

Principal Place of Business

Mailing Address

1402 SPRUCE ST.  
 GREEN COVE SPRINGS FL

1402 SPRUCE ST.  
 GREEN COVE SPRINGS FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3568264**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LITTLES, EVELYN**  
**1125 SPRING STREET**  
**GREEN COVE SPRINGS FL 32043**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	BRUTON, LEILA	
STREET ADDRESS	1402 SPRUCE ST.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SESSION, ARNEITHA	
STREET ADDRESS	1201 SPRUCE ST.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, WILLETTE	
STREET ADDRESS	243 A PRINGLE CIRCLE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LITTLES, EVELYN	
STREET ADDRESS	1125 SPRING STREET	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 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:** *Evelyn Little*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

904 284-6340 x145

Day/Time Phone #

CF2E037 (9/01)