

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001920

FILED
Jul 21, 2005
Secretary of State

Entity Name: BETHESDA THE HOUSE OF MERCY, INC.

Current Principal Place of Business:

1402 SPRUCE ST.
GREEN COVE SPRINGS, FL

New Principal Place of Business:

Current Mailing Address:

PO BOX 131
GREEN COVE SPRINGS, FL

New Mailing Address:

1402 SPRUCE STREET
GREEN COVE SPRINGS, FL 32043

FEI Number: 59-3568264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BRUTON, LEILA
1402 SPRUCE STREET
GREEN COVE SPRINGS, FL 32043 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: LEILA BRUTON

07/21/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRUTON, LEILA
Address: 1402 SPRUCE ST.
City-St-Zip: GREEN COVE SPRINGS, FL

Title: VD () Delete
Name: SESSION, ARNEITHA
Address: 1201 SPRUCE ST.
City-St-Zip: GREEN COVE SPRINGS, FL

Title: D () Delete
Name: MILLER, WILLETTE
Address: 243 A PRINGLE CIRCLE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: STD (X) Delete
Name: LITTLES, EVELYN
Address: 1125 SPRING STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: MILLER, WILLETTE
Address: 243 A PRINGLE CIRCLE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: LEILA BRUTON

PD

07/21/2005

Electronic Signature of Signing Officer or Director

Date