

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000000162

1. Entity Name
BETHLEHEM HOUSING, INC.



Principal Place of Business
**8010 STATE RD. 52
HUDSON, FL 34667**

Mailing Address
**8010 STATE RD. 52
HUDSON, FL 34667**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3572175

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIVITO, JOSEPH A
4514 CENTRAL AVENUE
ST. PETERSBURG, FL 33711**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOUDREAU, PAUL REV. 8014 S.R. 52 HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORSETTI, JOSEPH 6363 9TH AVENUE NORTH ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORABITO, HELEN 7920 HOMER AVENUE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RORECCHIO, CAREL 12206 MEADOWBROOK LANE BAYONET POINT, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIGGERS, JIM 2465 NORTHSIDE DRIVE CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS KROUSE, JEAN LOUISE 7825 ARBORDALE AVE. PORT RICHEY, FL 34668

U00000247529
03/01/05-80026-007 61.25

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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:

James Biggers Secretary **James Biggers** 1/19/05 819-5130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #