2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9900000162

Entity Name: BETHLEHEM HOUSING, INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8010 STATE RD. 52 HUDSON, FL 34667 **Current Mailing Address: New Mailing Address:** 8010 STATE RD. 52 HUDSON, FL 34667 FEI Number: 59-3572175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIVITO, JOSEPH A 4514 CÉNTRAL AVENUE ST. PETERSBURG, FL 33711 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GOUDREAU, PAUL REV. Name: Name: 8014 S.R. 52 Address: Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: Title: TD Title: () Delete () Change () Addition CORSETTI, JOSEPH Name: Name: Address: 6363 9TH AVENUE NORTH Address: City-St-Zip: ST. PETERSBURG, FL 33710 City-St-Zip: Title: VPD () Delete Title: () Change () Addition MORABITO, HELEN Name: Name: Address: 7920 HOMER AVENUE Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: RORECCHIO, CAREL Name: ORECCHIO, CAROLE 12206 MEADOWBROOK LANE Address: 12206 MEADOWBROOK LANE Address: City-St-Zip: BAYONET POINT, FL 34667 City-St-Zip: BAYONET POINT, FL 34667 Title: () Delete Title: () Change () Addition BIGGERS, JIM Name: Name: 2465 NORTHSIDE DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: Title: () Delete Title: (X) Change () Addition KROUSE, JEAN LOUISE RITTMEYER, MARY Name: Name: Address: 7825 ARBORDALE AVE. Address: 11722 SPRING TREE LANE PORT RICHEY, FL 34668 PORT RICHEY, FL 34668 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT HARLOW PMGR 04/24/2006