


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03132007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3572175	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIVITO, JOSEPH A 4514 CENTRAL AVENUE ST. PETERSBURG, FL 33711			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when rechartering)					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOUDREAU, PAUL REV.			NAME	
STREET ADDRESS	8014 S.R. 52			STREET ADDRESS	
CITY-ST-ZIP	HUDSON, FL 34667			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORSETTI, JOSEPH			NAME	
STREET ADDRESS	6363 9TH AVENUE NORTH			STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORABITO, HELEN			NAME	
STREET ADDRESS	7920 HOMER AVENUE			STREET ADDRESS	
CITY-ST-ZIP	HUDSON, FL 34667			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORECCHIO, CAROLE			NAME	
STREET ADDRESS	12206 MEADOWBROOK LANE			STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT, FL 34667			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGERS, JIM			NAME	
STREET ADDRESS	2465 NORTHSIDE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33761			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTMAYER, MARY			NAME	
STREET ADDRESS	11722 SPRING TREE LANE			STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 34668			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Joseph Corsetti</u>				3/19/07 727-344-1611	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	



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