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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715427 (1)

1. Corporation Name
BETHANY HOUSING, INC.

Principal Place of Business	Mailing Address
880 OLEANDER WAY SOUTH ST PETERSBURG FL 33707	880 OLEANDER WAY SOUTH ST PETERSBURG FL 33707-2164

3. Date Incorporated or Qualified: 10/17/1968
3a. Date of Last Report: 03/11/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1361375 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RENFROW, ROBERT P.
5858 CENTRAL AVE.
ST PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	Director	☐ Change XX Addition
NAME	MASON, HORACE		1.2 NAME	Mary Mann	
STREET ADDRESS	7505 US 19 NORTH, #46		1.3 STREET ADDRESS	815 Eldorda Avenue	
CITY-ST-ZIP	PINELLAS PARK FL		1.4 CITY-ST-ZIP	Clearwater FL 34630	
TITLE	D	☐ DELETE	2.1 TITLE	Director	☐ Change XX Addition
NAME	TORRE, NANCY		2.2 NAME	June Smith	
STREET ADDRESS	5418 18TH AVE NORTH		2.3 STREET ADDRESS	7825 54th Avenue #319	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	St. Petersburg FL 33710	
TITLE	ST	☐ DELETE	3.1 TITLE	Director	☐ Change XX Addition
NAME	HOFMEYER, GARY R		3.2 NAME	DIck Thompson	
STREET ADDRESS	6036 2ND AVE., NO		3.3 STREET ADDRESS	10421 118th Place N.	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	Largo FL 33773	
TITLE	PD	☐ DELETE	4.1 TITLE	Director	☐ Change ☐ Addition
NAME	ELZERMAN, RICHARD		4.2 NAME	William Bengtson	
STREET ADDRESS	2311 14TH AVE W		4.3 STREET ADDRESS	First Reform Church 33615	
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP	8283 W. Hillsborough Ave. Tampa FL	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BAILEY, GREG		5.2 NAME		
STREET ADDRESS	7936 PINEAPPLE LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHIE FL		5.4 CITY-ST-ZIP		
TITLE	D	XX DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, JOHN		6.2 NAME		
STREET ADDRESS	1921 19TH ST., WEST		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paulette Fors Paulette Fors, Asst. Treasurer (813)344-1491