


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 27 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 715427 (1)**

1. Corporation Name  
**BETHANY HOUSING, INC.**

Principal Place of Business <b>880 OLEANDER WAY SOUTH ST PETERSBURG FL 33707</b>	Mailing Address <b>880 OLEANDER WAY SOUTH ST PETERSBURG FL 33707</b>
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3. Date Incorporated or Qualified  
**10/17/1968**

4. FEI Number <b>59-1361375</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE <b>V</b>	<input type="checkbox"/> DELETE
NAME <b>MASON, HORACE</b>	
STREET ADDRESS <b>7505 US 19 NORTH, #48</b>	
CITY - ST - ZIP <b>PINELLAS PARK FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>TORRE, NANCY</b>	
STREET ADDRESS <b>5418 18TH AVE NORTH</b>	
CITY - ST - ZIP <b>ST. PETERSBURG FL</b>	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE
NAME <b>HOFMEYER, GARY R</b>	
STREET ADDRESS <b>8036 2ND AVE., NO</b>	
CITY - ST - ZIP <b>ST. PETERSBURG FL</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>ELZERMAN, RICHARD</b>	
STREET ADDRESS <b>2311 14TH AVE W</b>	
CITY - ST - ZIP <b>BRADENTON FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BAILEY, GREG</b>	
STREET ADDRESS <b>7938 PINEAPPLE LANE</b>	
CITY - ST - ZIP <b>PORT RICHIE FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MANN, MARY RONLOFF</b>	
STREET ADDRESS <b>815 ELDORDA AVE.</b>	
CITY - ST - ZIP <b>CLEARWATER FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Bea Fleming</b>	
1.3 STREET ADDRESS <b>6565 5th Ave. S.</b>	
1.4 CITY - ST - ZIP <b>St. Petersburg FL 33707</b>	
2.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Penny McDonald</b>	
2.3 STREET ADDRESS <b>12746 115th St. N.</b>	
2.4 CITY - ST - ZIP <b>Largo FL 33778</b>	
3.1 TITLE <b>Carson Christman/Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>11911 66th Street N., #116</b>	
3.3 STREET ADDRESS <b>Largo FL 33773</b>	
3.4 CITY - ST - ZIP	
4.1 TITLE <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Mary Rohloff</b>	
4.3 STREET ADDRESS <b>11925 Otero Court #290</b>	
4.4 CITY - ST - ZIP <b>Seminole FL 33772</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 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: *DAULETTE FARR* **DAULETTE FARR** **4-17-98** **813-344-1491**

CR2E037 (10/97)