

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715427

1. Entity Name

BETHANY HOUSING, INC.

Principal Place of Business

880 OLEANDER WAY SOUTH
ST PETERSBURG FL 33707

Mailing Address

880 OLEANDER WAY SOUTH
ST PETERSBURG FLA 33707-2164

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1361375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V. President ☐ Delete
NAME MASON, HORACE
STREET ADDRESS 7505 US 19 NORTH, #46
CITY-ST-ZIP PINELLAS PARK FL

TITLE DIRECTOR ☐ Change ☒ Addition
NAME RANDALL KRAS
STREET ADDRESS 660 62ND ST. S.
CITY-ST-ZIP ST. PETERSBURG FL 33707

TITLE D ☐ Delete
NAME FLEMING, BEA
STREET ADDRESS 6565 5TH AVE S
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE President ☐ Change ☒ Addition
NAME Michael Delory, Sr.
STREET ADDRESS 1907-58th St. S.
CITY-ST-ZIP GULFPORT FL 33707

TITLE ST ☐ Delete
NAME HOFMEYER, GARY R
STREET ADDRESS 6036 2ND AVE., NO
CITY-ST-ZIP ST. PETERSBURG FL

TITLE DIRECTOR ☐ Change ☒ Addition
NAME Richard Kimmitt
STREET ADDRESS 7300 Sun Island Dr S. #1002
CITY-ST-ZIP S. Pasadena FL 33707

TITLE PD ☒ Delete
NAME ELZEMAN, RICHARD
STREET ADDRESS 2311 14TH AVE W
CITY-ST-ZIP BRADENTON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCDONALD, PENNY
STREET ADDRESS 12746 115TH ST N
CITY-ST-ZIP LARGO FL 33778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME CHRISTMAN, CARSON
STREET ADDRESS 11911 66TH ST N #116
CITY-ST-ZIP LARGO FL 33773

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Paulette Fore REQ *Paulette Fore, administrator 1/3/00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-344-1491

CR2E037 (9/99)