## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 16, 2001 8:00 am Secretary of State **DOCUMENT # 715427** 1. Entity Name 05-16-2001 90016 041 \*\*\*\*61.25 BETHANY HOUSING, INC. Mailing Address Principal Place of Business 880 OLEANDER WAY SOUTH 880 OLEANDER WAY SOUTH 549960 SAINT PETERSBURG FL 33707 SAINT PETERSBURG FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1361375 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RENFROW, ROBERT P. 5858 CENTRAL AVE. ST PETERSBURG FL 33707 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change **XX**Addition TITLE X Delete June Brown Vice President TITLE NAME MASON, HORACE NAME STREET ADDRESS 7505 US 19 NORTH, #46 6822 22nd Ave. STREET ADDRESS CITY-ST-ZIP St. Petersburg CITY-ST-ZIP PINELLAS PARK FL Change Director XX Addition ☐ Delete TITLE TITLE Michael Grace FLEMING, BEA NAME NAME 6400 Mockingbird Way S. St. Petersburg .FL 33707 STREET ADDRESS STREET ADDRESS 6565 5TH AVE S CITY-ST-ZIP CITY-ST-ZIP ST-PETERSBURG: FL:33707 Change XX Addition ST ☐ Delete TITLE TITLE Director HOFMEYER, GARY R NAME NAME Penny McDonald STREET ADDRESS STREET ADDRESS 6036 2ND AVE., NO 12746 115th St. Largo FL 33778 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Change XX Addition TITLE ☐ Delete TITLE Director KRAS, RANDALL NAME Dean VanderWoude NAME STREET ADDRESS STREET ADDRESS 660 62ND ST S 4975 Cobia Dr. SE CITY-ST-ZIP SAINT PETERSBURG FL 33707 CITY-ST-ZIP St. Petersburg FL ☐ Addition TITLE President ☐ Delete TITLE DELORY, MICHAEL SR NAME NAME STREET ADDRESS STREET ADDRESS 1907 58TH ST S CITY-ST-ZIP CITY-ST-ZIP **GULFPORT FL 33707** ☐ Addition ☐ Defete TITLE ☐ Change TITLE KIMMET, RICHARD NAME NAME 7300 SUN ISLAND DR S #1002 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP S PASADENA FL 33707

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.