

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90058 040 ****61.25

DOCUMENT # 715427

1. Entity Name

BETHANY HOUSING, INC.



Principal Place of Business

**880 OLEANDER WAY SOUTH
SAINT PETERSBURG FL 33707**

Mailing Address

**880 OLEANDER WAY SOUTH
SAINT PETERSBURG FL 33707**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
NAME **BROWN, JUNE**
STREET ADDRESS **1742 74TH ST N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **D** ☐ Change ☒ Addition
NAME **ANGIE BROWN**
STREET ADDRESS **444 12th AVENUE N**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **D** ☐ Delete
NAME **MCDONALD, PERRY Penny**
STREET ADDRESS **11401 9TH ST N #812**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE **D** ☐ Change ☒ Addition
NAME **DICK GLZERMAN**
STREET ADDRESS **2311 14th AVENUE NW #501**
CITY-ST-ZIP **ALBUQUERQUE NM 87101**

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

TITLE **D** ☐ Change ☒ Addition
NAME **DEAN VANDERWOUDE**
STREET ADDRESS **4975 COBIA DR SE #80**
CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE **D** ☒ Delete
NAME **KRAS, RANDALL**
STREET ADDRESS **660 62ND ST S**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

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

TITLE **D** ☐ Delete
NAME **DELORY, MICHAEL SR**
STREET ADDRESS **1907 58TH ST S**
CITY-ST-ZIP **GULFPORT FL 33707**

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

TITLE **D** ☒ Delete
NAME **KIMMET, RICHARD**
STREET ADDRESS **7300 SUN ISLAND DR S #1002**
CITY-ST-ZIP **S PASADENA FL 33707**

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 Scott* REQUI *PAULETTE SCOTT*

1/3/03

727-344-1491

CR2E037 (10/02)