

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90024 004 \*\*\*\*61.25

**DOCUMENT # N03000008061**

1. Entity Name

**BETHANY EDUCATION AND HUMAN SERVICES PROGRAM, INC.**



Principal Place of Business

1325 SPRINGDALE ST.  
 CLEARWATER FL 33755  
 US

Mailing Address

1325 SPRINGDALE ST.  
 CLEARWATER FL 33755  
 US

**50015598**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

1250 Holt Avenue

Suite, Apt. #, etc.

3. Mailing Address

1250 Holt Avenue

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

47-0933394

Applied For

Not Applicable

Zip

33755

Country

USA

Zip

33755

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DAVIS, ANITA D  
 1325 SPRINGDALE ST.  
 CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

Harris, Calvin D.

Street Address (P.O. Box Number is Not Acceptable)

1621 Young Avenue

City

Clearwater

FL

Zip Code

33756

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

*Calvin D. Harris*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/2005

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

TITLE	PRES	<input type="checkbox"/> Delete
NAME	HARRIS, CALVIN D	
STREET ADDRESS	1621 YOUNG AVE.	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KEENE, JR., CECIL B	
STREET ADDRESS	4357 50TH AVENUE S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	TURMAN, MARILYN	
STREET ADDRESS	1825 KING'S HIGHWAY	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	BUIE, BRENDA	
STREET ADDRESS	1570 OAK VILLAGE DRIVE	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	MILLER, ANNIE	
STREET ADDRESS	1415 N. 4TH STREET	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	HARRIS, RUTH O	
STREET ADDRESS	1621 YOUNG AVE.	
CITY-ST-ZIP	CLEARWATER FL 33756	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burney, Merriam	
STREET ADDRESS	1435 4th St. N.	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Davis, Anita D.	
STREET ADDRESS	101 Old Coachman Road, #115	
CITY-ST-ZIP	Clearwater, FL 33765	
TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Massey, Joshua	
STREET ADDRESS	685 11th Place North	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Massey, Melody	
STREET ADDRESS	685 11th Place North	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Calvin D. Harris*

Calvin D. Harris

2/9/2005 (727) 581-9731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #