

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008061

FILED
Apr 25, 2007
Secretary of State

Entity Name: BETHANY EDUCATION AND HUMAN SERVICES PROGRAM, INC.

Current Principal Place of Business:

1250 HOLT AVENUE
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

1250 HOLT AVENUE
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 47-0933394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, CALVIN D
1621 YOUNG AVENUE
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HARRIS, CALVIN D
Address: 1621 YOUNG AVE.
City-St-Zip: CLEARWATER, FL 33756 US

Title: VP () Delete
Name: KEENE, JR., CECIL B
Address: 4357 50TH AVENUE S.
City-St-Zip: ST. PETERSBURG, FL 33711 US

Title: SEC () Delete
Name: TURMAN, MARILYN
Address: 1825 KING'S HIGHWAY
City-St-Zip: CLEARWATER, FL 33755 US

Title: DIR () Delete
Name: BUIE, BRENDA
Address: 1570 OAK VILLAGE DRIVE
City-St-Zip: LARGO, FL 33778 US

Title: DIR () Delete
Name: MILLER, ANNIE
Address: 1415 N. 4TH STREET
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: DIR () Delete
Name: HARRIS, RUTH O
Address: 1621 YOUNG AVE.
City-St-Zip: CLEARWATER, FL 33756 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN D. HARRIS

PRES

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date