

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002743

**Entity Name:** BETHANY CENTER, INC.

**Current Principal Place of Business:**

18150 BETHANY CENTER DR  
LUTZ, FL 33558

**Current Mailing Address:**

18150 BETHANY CENTER DR  
LUTZ, FL 33558

**FEI Number:** 20-8315033

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TK REGISTERED AGENT, INC.  
101 EAST KENNEDY BLVD  
SUITE 2700  
TAMPA, FL 33602 US

*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:** JOSEPH A DIVITO

04/22/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT

Name LOCEY, LOIS T.

Address 6363 NINTH AVE NORTH

City-State-Zip: ST PETERSBURG FL 33710

Title TREASURER.

Name DEY, JOHN

Address 6363 NINTH AVENUE NORTH

City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR, SECRETARY

Name USTICK, ANTHONY

Address 18150 BETHANY CENTER DR

City-State-Zip: LUTZ FL 33558

Title EXECUTIVE DIRECTOR

Name DANIELLE, DEBRINO

Address 18150 BETHANY CENTER DR

City-State-Zip: LUTZ FL 33558

Title VP, DIRECTOR

Name COPPOLA, ANTHONY

Address 18150 BETHANY CENTER DR

City-State-Zip: LUTZ FL 33558

*I hereby 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 all other like empowered.*

**SIGNATURE:** LOIS T. LOCEY

DIRECTOR

04/22/2023

Electronic Signature of Signing Officer/Director Detail

Date