



Form Revision Date 07/2016

## ANNUAL REPORT

For use by DOMESTIC NONPROFIT CORPORATION

(Required by Section 911, Act 162, Public Act of 1982)

The identification number assigned by the Bureau is: 800815239

Annual Report Filing Year: 2021

1. Corporation Name:  
BETHANY HOUSING MINISTRIES, INC.

2. The street address of the corporation's registered office and the name of the resident agent at that office:

1. Resident Agent Name: KIMI GEORGE

2. Street Address: 19 HARTFORD

Apt/Suite/Other:

City: MUSKEGON

State: MI Zip Code: 49442

3. Mailing address of the corporation's registered office:

P.O. Box or Street Address: 1105 TERRACE ST

Apt/Suite/Other:

City: MUSKEGON

State: MI Zip Code: 49442

5. Provide the names and business or residence addresses of the corporation's board of directors and its president, treasurer, and secretary:

| Title     | Name                 | Residence or Business Address          |
|-----------|----------------------|--|
| PRESIDENT | TARA FOREMAN         | 164 WASHINGTON, MUSKEGON, MI 49441 USA |
| PRESIDENT | BILL UETRICHT        | 1105 TERRACE, MUSKEGON, MI 49442 USA   |
| TREASURER | BOB GARRETSON        | 1105 TERRACE, MUSKEGON, MI 49442 USA   |
| SECRETARY | STEPHANIE MARION     | 1105 TERRACE, MUSKEGON, MI 49442 USA   |
| DIRECTOR  | ALEXIS DYE           | 1105 TERRACE, MUSKEGON, MI 49442 USA   |
| DIRECTOR  | BARBARA KLINGENMAIER | 1105 TERRACE, MUSKEGON, MI 49442 USA   |
| DIRECTOR  | JAMESON GOORMAN      | 1105 TERRACE, MUSKEGON, MI 49442 USA   |

6. Describe the purposes and general nature and kind of business in which the corporation engaged in during the year covered by this report:

COMMUNITY ENCOMPASS IS A NON-PROFIT THAT SERVES MUSKEGON IN A VARIETY OF COMMUNITY/NEIGHBORHOOD REVITALIZATION EFFORTS WITH FOCUSES ON: YOUTH DEVELOPMENT, CRISIS AND HOMELESS ASSISTANCE, HOUSING REHAB, URBAN FARMING AND FOOD/NUTRITION EDUCATION

Signed this 21st Day of June, 2021 by:

|           |       |                               |
|-----------|-------|-------------------------------|
| Signature | Title | Title if "Other" was selected |
|-----------|-------|-------------------------------|

Todd Olson

Authorized Agent

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline       Accept

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**

**FILING ENDORSEMENT**

***This is to Certify that the*** 2021 ANNUAL REPORT

***for***

BETHANY HOUSING MINISTRIES, INC.

***ID Number:*** 800815239

***received by electronic transmission on*** June 21, 2021 ***, is hereby endorsed.***

***Filed on*** June 21, 2021 ***, by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 21st day of June, 2021.***

*Linda Clegg*

***Linda Clegg, Director***

***Corporations, Securities & Commercial Licensing Bureau***