



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: 2022

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: KIMBERLY LEAVELL

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: 19 HARTFORD

Apt/Suite/Other:

City: MUSKEGON

State: MI Zip Code: 49442

4. If the corporation is a private foundation or formed to provide care to a dentally underserved population, check the following box. If the box is checked, the board shall consist of one or more directors. The board of all other corporations shall consist of three or more directors.

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 19th Day of January, 2023 by:

Signature	Title	Title if "Other" was selected
Anetria Conyers	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*** 2022 ANNUAL REPORT

***for***

BETHANY HOUSING MINISTRIES, INC.

***ID Number:*** 800815239

***received by electronic transmission on*** January 19, 2023 ***, is hereby endorsed.***

***Filed on*** January 19, 2023 ***, 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 19th day of January, 2023.***

*Linda Clegg*

***Linda Clegg, Director***

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