

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 24 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 765349 (6)**  
1. Corporation Name  
**HABITAT FOR HUMANITY OF LEE COUNTY, INC.**

Principal Place of Business Mailing Address  
**12670 MCGREGOR BLVD.  
FORT MYERS FL 33919  
US** **12670 MCGREGOR BLVD.  
FORT MYERS FL 33919  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/08/1982</b>	3a. Date of Last Report <b>02/15/1994</b>
4. FEI Number <b>59-2236174</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent

**ZAGLANICZNY, BEN  
4679 GLADKOLLIS DRIVE, P.O. BOX 892  
FORT MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ NOTE: Registered Agent signature required when resigning. DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>SD</b>	<b>OTT, CARL</b> 1220 OSCEOLA DRIVE FT. MYERS FL 33901	1.1 TITLE <b>SD</b>	<b>Parker, Diana</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>P.O. Box 398</b> <b>N/A</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>Ft. Myers, FL 33902</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE <b>D</b>	<b>CLINKENBEARD, GAIL</b> 13151 CAJUPUT DR FORT MYERS FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE <b>TD</b>	<b>SEXTON, JIM</b> 1910 VIRGINIA AVE #301 B FT. MYERS FL 33901	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE <b>PD</b>	<b>DIAMOND, RICHARD</b> 5030 HARBORTOWN LN FT. MYERS FL 33919	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE <b>VD</b>	<b>OWENS, KENNETH</b> 4004 MICASA CT FT MYERS FL	5.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>Sarff, Curt</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>11798 Caravel Circle</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>Ft. Myers, FL 33908</b>
TITLE <b>M</b>	<b>ARCHBALD, VERNON</b> 15043 GLENEAGLE CT FT MYERS FL 33908	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 person or persons empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment, with an addendum.

SIGNATURE: Vernon Archibald **Vernon Archibald, Executive Director** Date: **3/31/95** (Day-Mo-Year) **813-481-5770** (Daytime Phone #)