

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified  
**10/08/1982**

3a. Date of Last Report  
**04/24/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-2236174**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD**  DELETE  
NAME **PARKER, DIANA**  
STREET ADDRESS **P.O. BOX 398**  
CITY-ST-ZIP **FT. MYERS FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D**  DELETE  
NAME **CLINKENBEARD, GAIL**  
STREET ADDRESS **13151 CAJUPUT DR**  
CITY-ST-ZIP **FORT MYERS FL**

2.1 TITLE **VD**  Change  Addition  
2.2 NAME **FAULKNER, H. Edward**  
2.3 STREET ADDRESS **4849 Sherry Lane**  
2.4 CITY-ST-ZIP **Ft. Myers, FL 33908**

TITLE **TD**  DELETE  
NAME **SEXTON, JIM**  
STREET ADDRESS **1910 VIRGINIA AVE #301 B**  
CITY-ST-ZIP **FT. MYERS FL 33901**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **PD**  DELETE  
NAME **DIAMOND, RICHARD**  
STREET ADDRESS **5030 HARBORTOWN LN**  
CITY-ST-ZIP **FT. MYERS FL 33919**

4.1 TITLE **PD**  Change  Addition  
4.2 NAME **Idelson, Charles K.**  
4.3 STREET ADDRESS **P.O. Box 3454**  
4.4 CITY-ST-ZIP **Ft. Myers, FL 33918**

TITLE **VD**  DELETE  
NAME **SARFF, CURT**  
STREET ADDRESS **11798 CARAVEL CIRCLE**  
CITY-ST-ZIP **FT. MYERS FL**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **M**  DELETE  
NAME **ARCHIBALD, VERNON**  
STREET ADDRESS **15943 GLENEAGLE CT**  
CITY-ST-ZIP **FT DMYERS FL 33908**

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*V.E. Archibald*  
**V.E. ARCHIBALD**

**1/19/96**

**941-481-5770**

Date

Daytime Phone #

CR2E037 (12/95)