

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 21 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 12670 MCGREGOR BLVD. FORT MYERS FL 33919 US	Mailing Address 12670 MCGREGOR BLVD. FORT MYERS FL 33919 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/08/1982		3a. Date of Last Report 01/24/1996	
21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	4. FEI Number 59-2236174	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
7. Name and Address of Current Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

ZAGLANICZNY, BEN 4679 GLADIOLUS DRIVE, P.O. BOX 892 FORT MYERS FL 33908		81. Name	10. Name and Address of New Registered Agent	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, DIANA	1.2 NAME	
STREET ADDRESS	P.O. BOX 398	1.3 STREET ADDRESS	P. O. Box 3898 N/A
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, EDWARD H	2.2 NAME	
STREET ADDRESS	4849 SHERRY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEXTON, JIM	3.2 NAME	
STREET ADDRESS	1910 VIRGINIA AVE #301 B	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33901	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IDELSON, CHARLES K	4.2 NAME	
STREET ADDRESS	P.O. BOX 3454	4.3 STREET ADDRESS	12535 New Brittany Blvd., Bldg 28
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	Fort Myers, Fl 33907
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARFF, CURT	5.2 NAME	
STREET ADDRESS	11798 CARAVEL CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCHIBALD, VERNON	6.2 NAME	
STREET ADDRESS	15943 GLENEAGLE CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT DMYERS FL 33908	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED ARCHIBALD Vernon Dir 8/4/97

CR2E037 (4/97)