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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 765349

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



2. Principal Place of Business

21 **1288 N TAMiami TrL**

Suite, Apt. #, etc.

22

City & State

23 **N. Ft Myers**

Zip

24 **33903**

Country

25 **USA**

2a. Mailing Address

26 **1288 N TAMiami TrL**

Suite, Apt. #, etc.

27

City & State

28 **N. Ft Myers**

Zip

29 **33903**

Country

30 **USA**

3. Date Incorporated or Qualified

10/08/1982

4. FEI Number

59-2236174

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

ZAGLANICZNY, BEN
 4679 GLADIOLUS 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 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

TITLE **SD** DELETE

NAME **PARKER, DIANA**
 STREET ADDRESS **P O BOX 3898 N/A**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **VD** DELETE

NAME **FAULKNER, EDWARD H**
 STREET ADDRESS **4849 SHERRY LANE**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **TD** DELETE

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

TITLE **PD** DELETE

NAME **IDELSON, CHARLES K**
 STREET ADDRESS **12535 NEW BRITTANY BLVD BLDG 28**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **VD** DELETE

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

TITLE **M** DELETE

NAME **ARCHIBALD, VERNON**
 STREET ADDRESS **15943 GLENEAGLE CT**
 CITY-ST-ZIP **FT. MYERS FL 33908**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Chairman

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PM

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARCHIBALD M.

4/12/99

Date

941-652-0434

Daytime Phone #

CR2E037 (11/98)