

DOCUMENT # 765349

1. Entity Name

HABITAT FOR HUMANITY OF LEE COUNTY, INC. ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90010 043 ****61.25

Principal Place of Business

1288 N TAMiami TRL
N FT MYERS FL 33903
US

Mailing Address

1288 N TAMiami TRL
N FT MYERS FL 33903
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2236174

Applied For

Not Applicable

5. Certificate of Status Desired,

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: SD
NAME: PARKER, DIANA Delete
STREET ADDRESS: P O BOX 3898-N/A- 398
CITY-ST-ZIP: FT. MYERS FL

TITLE: SD Change Addition
NAME: PARKER, DIANA
STREET ADDRESS: P. O. BOX 398
CITY-ST-ZIP: FORT MYERS, FL (Correction)

TITLE: VD Delete
NAME: FAULKNER, EDWARD H
STREET ADDRESS: 4849 SHERRY LANE
CITY-ST-ZIP: FT. MYERS FL

TITLE: VD Change Addition
NAME: KOLLER, JANIS
STREET ADDRESS: % AmSouth Bank
CITY-ST-ZIP: 15051 S. Tamiami Trail
Fort Myers, Fl 33908

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

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D Delete
NAME: SARFF, CURT
STREET ADDRESS: 11798 CARAVEL CIRCLE
CITY-ST-ZIP: FT. MYERS FL

TITLE: D Change Addition
NAME: VARGO, MIKE
STREET ADDRESS: 550 Lighthouse Way
CITY-ST-ZIP: Sanibel, Fl 33957

TITLE: PM Delete
NAME: ARCHIBALD, VERNON
STREET ADDRESS: 15943 GLENEAGLE CT
CITY-ST-ZIP: FT DMYERS FL 33908

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vernon Archibald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-2000

Date

941-652-6434

Daytime Phone #