


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90026 039 ****70.00

DOCUMENT # 765349					
1. Entity Name HABITAT FOR HUMANITY OF LEE COUNTY, INC.					
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 <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZAGLANICZNY, BEN 4679 GLADIOLUS DRIVE, P.O. BOX 892 FORT MYERS, FL 33908			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, DIANA		NAME		
STREET ADDRESS	PO BOX 398 1500 MONROE ST		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33902		CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, JAMES R		NAME		
STREET ADDRESS	1700 MONROE ST		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CLARK, LARRY A		NAME	McGrath, Jim	
STREET ADDRESS	12370 COCONUT CREEK CT.		STREET ADDRESS	8060 College Parkway	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IDELSON, CHARLES K		NAME		
STREET ADDRESS	12535 NEW BRITTANY BLVD BLDG 28		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VARGO, MIKE		NAME	Brownell, Roger	
STREET ADDRESS	550 LIGHTHOUSE WAY		STREET ADDRESS	15370 Kilburne Dr.	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	PM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARCHIBALD, VERNON		NAME		
STREET ADDRESS	1288 N TAMIAMI TR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33903		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 officers empowered.					
SIGNATURE: <u>Vern Archibald</u>		Date: <u>3/4/04</u>		Daytime Phone #: <u>239 652-0434</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	