


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90128 033 ****70.00

DOCUMENT # 765349
 1. Entity Name
HABITAT FOR HUMANITY OF LEE COUNTY, INC.



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| 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 |
|--|--|

50029868

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PARKER, DIANA PO BOX 398 1500 MONROE ST FT MYERS, FL 33902 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCD ADAMS, JAMES R 1700 MONROE ST FORT MYERS, FL 33901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MCGRATH, JIM 8060 COLLEGE PKWY. FORT MYERS, FL 33919 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C IDELSON, CHARLES K 12535 NEW BRITTANY BLVD BLDG 28 FT. MYERS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWNELL, ROGER 15370 KILBURNE DR. FORT MYERS, FL 33912 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PM ARCHIBALD, VERNON 1288 N TAMiami TR FORT MYERS, FL 33903 |

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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: **1/10/05** **239 652-0434**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #