


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90354 048 ****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
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DO NOT WRITE IN THIS SPACE



01202006 No Chg-NP CR2E037 (11/05)

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

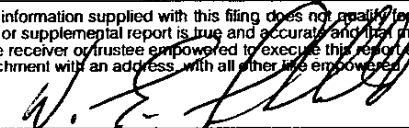
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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 exemptions contained in Chapter 119, 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 life employees.

SIGNATURE:  **3/30/06** **237-652-0424**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #