
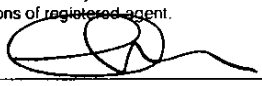
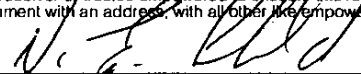


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90052 032 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2236174	
Zip		Country		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 Idelson, Charles K		
			Street Address (P.O. Box Number is Not Acceptable) 12800 University Dr Ste 125		
			City Fort Myers FL Zip Code 33907		
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 2/13/2007	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGRATH, JIM	NAME			
STREET ADDRESS	8060 COLLEGE PKWY.	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP			
TITLE	C <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	IDELSON, CHARLES K	NAME	Idelson, Charles K		
STREET ADDRESS	12535 NEW BRITTANY BLVD BLDG 28	STREET ADDRESS	12800 University Dr Ste 125		
CITY-ST-ZIP	FT. MYERS, FL	CITY-ST-ZIP	FORT MYERS, FL 33907		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BROWNELL, ROGER	NAME	Richard H Shera Jr		
STREET ADDRESS	15370 KILBURNE DR.	STREET ADDRESS	1288 N TAMiami Tr		
CITY-ST-ZIP	FORT MYERS, FL 33912	CITY-ST-ZIP	N. FORT MYERS, FL 33903		
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 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 like empowered.					
SIGNATURE: 				DATE 2/13/2007 DAYTIME PHONE # 239-652-0434	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	