

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:06

DOCUMENT # 769100 (9)

1. Corporation Name

HABITAT FOR HUMANITY OF BROWARD, INC.

Principal Place of Business

Mailing Address

1501 S. FEDERAL HWY.
4TH FLOOR
POMPANO BEACH FL 33062

1501 S. FEDERAL HWY.
4TH FLOOR
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/24/1983

3a. Date of Last Report
01/25/1994

4. FEI Number
59-2320573

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

P. LEWIS FRAZAR
1501 S. FEDERAL HWY
4TH FLOOR
POMPANO BEACH FL 33062

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ED
NAME P. LEWIS FRAZAR
STREET ADDRESS 635 NE 17TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE - \$ AKAG BOSU, CHRIS Change Addition
1.2 NAME
1.3 STREET ADDRESS 2017 NW 46th AVE #301
1.4 CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE D
NAME STEVENS, ROBT.
STREET ADDRESS 1311 N.E. 42ND ST.
CITY-ST-ZIP OAKLAND PARK FL

2.1 TITLE VC Change Addition
2.2 NAME BOWMAN, MARY LOU
2.3 STREET ADDRESS 1400 NE 4th STREET #6
2.4 CITY-ST-ZIP FT LAUD FL 33301

TITLE D
NAME MITCHELL, FELIX
STREET ADDRESS 3100 N.E. 49TH ST #1008
CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE Change Addition
3.2 NAME DELETE
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME GEORGE R. BARTLETT JR.
STREET ADDRESS 3000 E. SUNRISE BLVD
CITY-ST-ZIP FT. LAUDERDALE FL

4.1 TITLE - C CURRY, PAT Change Addition
4.2 NAME
4.3 STREET ADDRESS 5462 SW 1st STREET
4.4 CITY-ST-ZIP PLANTATION, FL 33317

TITLE D
NAME OSBORNE, BUD
STREET ADDRESS 580 N.E. 20TH AVE.
CITY-ST-ZIP DEERFIELD BEACH FL

5.1 TITLE T Change Addition
5.2 NAME TELVI, NAOMI
5.3 STREET ADDRESS 4080 NW 5 ST.
5.4 CITY-ST-ZIP COCONUT CREEK, FL 33066

TITLE D
NAME JACKSON, EDDIE
STREET ADDRESS 821 N.W. 5TH CT.
CITY-ST-ZIP HALLANDALE FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAOMI TELVI

2/16/95

(305) 941-0404

TRES.