

FILE NOW: FILING FEE IS \$61.25

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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769100 (9)
1. Corporation Name
HABITAT FOR HUMANITY OF BROWARD, INC.



Principal Place of Business 1501 S. FEDERAL HWY. 4TH FLOOR POMPANO BEACH FL 33062	Mailing Address 1501 S. FEDERAL HWY. 4TH FLOOR POMPANO BEACH FL 33062
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3. Date Incorporated or Qualified 06/24/1983	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2320573	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 01A	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**BARRY, KATHARINE S.
1501 S. FEDERAL HWY
4TH FLOOR
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Katharine S. Barry DATE 1/12/98

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P LEWIS FRAZAR	1.2 NAME	
STREET ADDRESS	635 NE 17TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	P/D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, MARY L	2.2 NAME	Henry Magnuson
STREET ADDRESS	1749 NE 15TH ST.	2.3 STREET ADDRESS	3323 W. Commercial Blvd. #100
CITY-ST-ZIP	FT LAUDERDALE FL 33304	2.4 CITY-ST-ZIP	FT. LAUDERDALE, Fla. 33309
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGNUSON, HENRY	3.2 NAME	Nancy Oakley
STREET ADDRESS	3323 W COMMERCIAL BLVD	3.3 STREET ADDRESS	401 Edelwald Dr.
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE, Fla 33301
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, RICHARD	4.2 NAME	Cecilio Rodriguez
STREET ADDRESS	1118 SOUTHEAST 5TH COURT	4.3 STREET ADDRESS	515 E. Las Olas Blvd #910
CITY-ST-ZIP	DANIA FL	4.4 CITY-ST-ZIP	FT. LAUDERDALE, Fla. 33301
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, EDDIE	5.2 NAME	Chris Akaghash
STREET ADDRESS	621 N.W. 5TH CT.	5.3 STREET ADDRESS	600 SE 3rd Ave., 14th Floor
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	FT. LAUDERDALE, Fla 33301
TITLE	S/D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAVEN, KATHY	6.2 NAME	
STREET ADDRESS	2657 NE 34TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	6.4 CITY-ST-ZIP	

14. 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 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] DATE: 1/20/98 DAYTIME PHONE: (954) 941-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)