

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90073 027 ****61.25

DOCUMENT # 769100

1. Entity Name

HABITAT FOR HUMANITY OF BROWARD, INC.

Principal Place of Business

Mailing Address **SAME**

~~1601 S. FEDERAL HWY:
 4TH FLOOR
 POMPANO BEACH FL 33062~~

~~1501 S. FEDERAL HWY.
 4TH FLOOR
 POMPANO BEACH FL 33062-7512~~

2. Principal Place of Business

3. Mailing Address

3564 N. Ocean Blvd
 Suite, Apt. #, etc.

3564 N. Ocean Blvd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

59-2320573

Applied For

Not Applicable

Zip **33308**

Country **Broward**

Zip **33308**

Country **Broward**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROMANELLO, NICHOLAS W
 633 SOUTH FEDERAL HIGHWAY
 8TH FLOOR
 FORT LAUDERDALE FL 33301**

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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.

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Delete
NAME	ROMANELLO, NICHOLAS	
STREET ADDRESS	633 S. FEDERAL HIGHWAY, 8TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	MAGNUSON, HENRY	
STREET ADDRESS	3323 W COMMERCIAL BLVD #100	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	DVP (CHAIRMAN)	<input type="checkbox"/> Delete
NAME	DALY, NANCY	
STREET ADDRESS	401 IDELWYLD DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, CECILIO	
STREET ADDRESS	515 E LAS OLAS BLVD #910	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, SUE	
STREET ADDRESS	3425 DUNES VISTA DR	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CRAVEN, KATHY	
STREET ADDRESS	2657 NE 34TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRCH WILLEY	
STREET ADDRESS	818 SE 4 Street #203	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Nancy A. Daly
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00
 Date

Daytime Phone #

CR2E037 (9/99)