

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90329 003 \*\*\*\*70.00

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DOCUMENT # 1769100 ✓  
1. Entity Name  
HABITAT FOR HUMANITY OF  
BROWARD, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3564 N. OCEAN Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
3564 N. OCEAN Blvd  
Suite, Apt. #, etc.

City & State  
FORT LAUDERDALE, FL

City & State  
FORT LAUDERDALE, FL

Zip  
33308 Country  
BROWARD

Zip  
33308 Country  
BROWARD

4. FEI Number  
59-2320573

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
HEATHER CALLAHAN

Street Address (P.O. Box Number is Not Acceptable)  
3564 N. OCEAN Blvd.

City  
FORT LAUDERDALE, FL Zip Code  
33308

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent Signature required when certifying)

**FEE IS \$61.25  
Initial or Amended UBR**

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>C/D</u> <u>NANCY DALY</u> <u>401 Idelwyld DRIVE</u> <u>FORT LAUDERDALE, FL 33301</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T/D</u> <u>Cecilio Rodriguez</u> <u>1515 Perimeter Road</u> <u>WEST PALM BEACH, FL 33406</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S/D</u> <u>FRANK WAGNER</u> <u>3564 N. OCEAN Blvd</u> <u>FORT LAUDERDALE, FL 33308</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy A. Daly NANCY DALY 3-19-2002 (454) 396-3030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)