


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90107 023 ****70.00

| | | | | | |
|--|---------------------------|---|---|---|--|
| DOCUMENT # 769100 | | | |  | |
| 1. Entity Name HABITAT FOR HUMANITY OF BROWARD, INC. | | | | | |
| Principal Place of Business 3564 N. OCEAN BLVD. FORT LAUDERDALE, FL 33308 | | Mailing Address 3564 N. OCEAN BLVD. FORT LAUDERDALE, FL 33308 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2320573 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CRUSH, JASON 3564 N. OCEAN BLVD. FORT LAUDERDALE, FL 33308 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | DT | <input checked="" type="checkbox"/> Delete | TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RODRIGUEZ, RICHARD | | NAME | XXXXXXXXXX Kirk J. Francis | |
| STREET ADDRESS | 6682 NW 16TH TERRACE | | STREET ADDRESS | 700-900 E. Sunrise Blvd | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33309 | | CITY-ST-ZIP | Fort Lauderdale, FL 33304 | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TIERNEV, BARBARA | | NAME | | |
| STREET ADDRESS | 1800 SE 10TH AVE STE 215 | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33316 | | CITY-ST-ZIP | | |
| TITLE | CD | <input checked="" type="checkbox"/> Delete | TITLE | Chairman of the Board | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PALMER, STEVE | | NAME | Kathy Craven | |
| STREET ADDRESS | 300 SE 2ND ST. | | STREET ADDRESS | 2657 N.E. 34th Street | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33301 | | CITY-ST-ZIP | Fort Lauderdale, FL 33306 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: <u>X</u> | | - Jason S. Crush | | 1/10/08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # 954/396-3030 | |
| | | | | X201 | |