

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005380

FILED
May 17, 2011
Secretary of State

Entity Name: HABITAT FOR HUMANITY OF FLORIDA, INC.

Current Principal Place of Business:

1671 FRANCIS AVE
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

1671 FRANCIS AVE
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 80-0423130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCELLO, RALPH
1671 FRANCIS AVE
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: MARCELLO, RALPH
Address: 1671 FRANCIS AVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D
Name: DANMEYER, DEE
Address: 1925 TRAYLOR BLVD
City-St-Zip: ORLANDO, FL 32804

Title: VD
Name: MANSFIELD, MIKE
Address: 1750 MANZANA AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: D
Name: INMAN, BARBARA
Address: 3071 118TH AVE N
City-St-Zip: ST PETERSBURG, FL 33716

Title: D
Name: CAMPBELL, MIKE
Address: 100 E LINTON BLVD STE 203A
City-St-Zip: DELRAY BEACH, FL 33483

Title: D
Name: WALKER, ROSEMARY
Address: PO BOX 1468
City-St-Zip: NEW SMYRNA BEACH, FL 32170

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIKE CAMPBELL

D

05/17/2011

Electronic Signature of Signing Officer or Director

Date