FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17240

(5)

FILED Jan 30 1998 8:00am Secretary of State

561-833-9665

HABITAT FOR HUMANITY OF PALM BEACH COUNTY, INC.					
Principal Plac	e of Business	Mailing Address			
% KENNETH A. WEDA 1241 OLD OKEECHOBEE RD W. PALM BEACH FL 33401		% Kenneth A. Weda 1241 Old Okeechobee RD W. Palm Beach Fl. 33401			3. Date Incorporated or Qualified 10/10/1986 4. FEI Number Applied For 59-2783175 Not Applicable
2. Principal Place of Business		2a. Mailing Address	<u> </u>		5. Certificate of Status Desired \$8.75 Additional
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #. etc.		Fee Required 6. Election Campaign Financing \$5.00 May Be
22		27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
City & State		City & State	⊢ '		7. Is this nonprofit corporation a homeowners association?
Zip Country		28 Zip	Zip Country		Yes No 8. This corporation owes or has paid the current year Intangible
24	25 29 30				Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
81 Name					
Lewis, howarth Jr. C/O Lewis a associates			82	Street A	ddress (P.O. Box Number is Not Acceptable) 225 Southern Blvd.
	vis a associates JTH BLVD		83	L	22) Southern Brvd.
WEST PALM BEACH FL 33405			84	0.1	lool 7. Oct.
				City	FL 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE					
12.		ENOTE:	13.	ent signature ri	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, HOWARTH, JR		1.2 NAME		
STREET ADDRESS	225 SOUTHERN BLVD		1.3 STREET	ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-S	T-ZIP	
TITLE	D	L_ DELETE	2.1 TITLE		Lat Change
NAME	BRAMUCHI, JAMES E.		2.2 NAME		/ Fd - 1
STREET ADDRESS	1416 LAKE ERIE DR.		2.3 STREET ADDRESS		451 Pine Villa Drive
CITY-ST-ZIP	LAKE WORTH FL	DELETE	2. 4 CITY-ST-ZIP		Atlantis, FL 33462
TITLE	TD MOODACKEN THOMAS	L_ Delete	3.1 TITLE 3.2 NAME	Į.	Tale organiza Ti vondinois
NAME STREET ADDRESS	MCCRACKEN, THOMAS 3339 HOUSATONIC DR			ADDRESS	0100 Tibella Bath Daire Harr
CITY-ST-ZIP	W PALM BEACH FL		3.4. CITY-S		8193 Little Beth Drive, West Boynton Beach, F1. 33437
TITLE	VPD	☐ DELETE	4.1 TITLE	31-21	BOYNTON BEACH, P1. 33437
NAME	_		4. 2 NAME		_ · _
STREET ADDRESS	6810 HAMMOCK LANE		4,3 STREET	ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL		4.4 CITY - S	T-ZIP	
TITLE	D	DELETE	5.1 TITLE		Secretary X Change Addition
NAME	HARDY, R U TH, E		5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL		5.4 CITY-S	T-ZIP	
TITLE	DS	X DELETE	6.1 TITLE		Vice President ☐ Change 및 Addition
NAME	MACDONALD, HARRY		6.2 NAME		Kenneth A. Weda
STREET ADDRESS	Dilli Boll Gibberto et		6.3 STREET	1	2130 Radior Court
CiTY-ST-ZiP	P PALM BCH GARDENS FL 64		6.4 CiTY-S	T-ZIP	North Palm Beach, FI, 33408
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					
officer of director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my harde appears in Block 12 or Block 13 if changed, or on an attachment with an address.					