1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N17240**

1. Corporation Name

HABITAT FOR HUMANITY OF PALM BEACH COUNTY, INC.

Principal Place of Business % KENNETH A. WEDA 1241 OLD OKEECHOBEE RD W. PALM BEACH FL 33401

Mailing Address

% KENNETH A. WEDA 1241 OLD OKEECHOBEE RD W. PALM BEACH FL 33401

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90045 034 \*\*\*\*61.25



2. Principal Pla	al Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed		
1241 Okeechobee Road 26 1241 Okeechob				oee Road	10/10/1986	1.	<del></del>
Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number E0.0792475	<u> </u>	plied For	
22 Suite Al 27 Suite Al				59-2783175		t Applicable	
City & State City & State					5. Certificate of Status Desired	\$8.75 A	
23 West Palm Beach, FL 28 West Palm Beach							<u> </u>
				ountry	6. Election Campaign Financing	\$5.00	
24 33401	25 USA	<u>  29   33401   </u>	30	_USA	Trust Fund Contribution	Added t	o rees
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registered	Mont	
				VI Name			
LEWIS, HOWARTH JR.				82 Street Address (P.O. Box Number is Not Acceptable)			
225 SOUTHERN BLVD.				83			
WEST PALM BEACH FL 33405				63			
				84 City	FI	85 Zip (	Code
						_	-naistored
office or re	poistered agent or both in the State o	f Florida. Such chande w	as author <i>z</i> e	ed by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	ointment as re	gistered
agent. I ar	m familiar with and accept the obligation	ons of, Section 617.0503	Plorida Sta	atutes.	, , , , , , , , , , , , , , , , , , , ,		•
SIGNATURE	How aut C				Jr. President	3/1	5/99
	Signature, typed or printed name of registered agent		OTE: Register	ed Argelft Styrtsture require	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	DS IN 12
12.	OFFICERS AND	DELETE			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE				TIFLE		[] Ollange	
NAME	LEWIS, HOWARTH, JR		P	NAME			
STREET ADDRESS	Pro cootti Etti octo		1	STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL			CITY-ST-ZIP		☐ Change	Addition
TILE	_		. [	TILE	-	- Cimido	
NAME	Divarioon, orango E.		NAME '				
STREET ADDRESS	TOTAL TIEST OF			STREET ADDRESS			
CITY-ST-ZIP	ATLANTIS FL 33462			CITY-ST-ZIP		Change	Addition
TITLE	- · · ·			TILE		∏ c(tange	- Addition
NAME	MOORACKEN, THOMAS			NAME			
STREET ADDRESS	0100 di 162 belli bilite, Neol			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33437			CITY-ST-ZIP			
FITLE	VPD	☐ DELET		TITLE		Change	☐ Addition
NAME	Liberti, ray		4.2	NAME			
STREET ADDRESS	6810 HAMMOCK LANE		4.3	STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL			CITY-ST-ZIP			
TITLE	S	☐ DELET	1	TITLE		Change	☐ Addition
NAME	HARDY, RUTH, E			NAME			
STREET ADDRESS	2542 CANTERBURY DR S		5.3	STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL		5.4	CITY-ST-ZIP			<u> </u>
TITLE	VP	☐ DELET	6.1	ΠΤLE		☐ Change	☐ Addition
NAME	WEDA, KENNETH A		6.2	NAME			
STREET ADDRESS	2130 RADNOR COURT		6.3	STREET ADDRESS			
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	<b>)</b>	6.4	CMY-ST-ZIP			

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 Block 12 or Block 13 if changed; or on an attachment with an address with all other like empowered.

CITY-ST-ZIP