| DOCUMENT # N17240 1. Entity Name | | | | | FILED | | | | | |
|--|--|--|-------------------------|----------------------|-----------------------------|--|---------------------------------------|---|---------------------------|--|
| HABITAT FOR HUMANITY OF PALM BEACH COUNTY, INC. | | | | | | Jan 09, 2001 8:00 am Secretary of State | | | | |
| Principal Plac | e of Business | Mailing Address | J Address | | | | 01 90046 | | | |
| 1241 OKEECHOBEE RD. | | 1241 OKEECHOBEE RD. | | | | | | | | |
| STE. A1 W. Palm Bea | CH FL 33401 | ste. A1 W. Palm Beach Fl 33401 | | | | | | | | |
| W. TAUM DEA | | W. F. C. | , | | 1 100011001 | | 19 4 (1) (10 3 | . Islan Tuta Tu | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRIT | E IN THIS SI | PACE | • | |
| City & Stat | е | City & State | | | 4. FEI Numbe | 59-2783175 | | | plied For t Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate | of Status Desired | | 8.75 Add | itional | |
| | 6. Name and Address of Current | Registered Agent | 1 | | 7. Name and | Address of New R | egistered A | jent` | - | |
| | | | Name | e | | _ | | | | |
| LEWIS, H | Stree | et Address (F | P.O. Box Numbe | er is Not Acceptable | 9) | | | | | |
| 225 SOUT | îhern Blvd. | | <u> </u> | | | | | | - | |
| WEST PALM BEACH FL 33405 | | • | City | ty | | _ | FL | Zip Code | • | |
| 9 The above | named entity submits this statement for | y the purpose of changing its | registered office | or register | ed agent or bot | h in the state of Flo | | | | |
| o. The above | rianied entity submits this statement to | or the purpose of changing its | registered office | or registers | ed agent, or bot | in, in the state of the | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable. (NOTI | E. Registered Agent sig | gnature required | when reinstating) | | DATE | | — } | |
| | | | | | | | | | | |
| | FILE NOW: FEE IS \$61.25 | 9. Election Campaigr Trust Fund Contrib | | | 0 May Be Ito Fees | | e Check Pa partment o | | { | |
| | | | | | | | | | | |
| 10. | OFFICERS AND DI | RECTORS Delete | 11. | 1 | ADDITIONS/CH/ | ANGES TO OFFICE | | CTORS IN | | |
| NAME | LEWIS, HOWARTH, JR | L. Delete | NAME | | | | | | Addition Addition | |
| STREET ADDRESS | 225 SOUTHERN BLVD | | STREET ADDRES | ss | | | | | 1 | |
| CITY-ST-ZIP | W. PALM BEACH FL VPD | | CITY-ST-ZIP | + | | | | Change | Addition 9 | |
| TITLE NAME | SMITH, RALPH | ☐ Delete | TITLE NAME | VPE | | Dir | | E onange | - Addition | |
| STREET ADDRESS | 451 PINE VILLA DR | | STREET ADDRES | ∾ าจว | TH, RAI | rn Cropez Ci | rcle | | Ì | |
| CITY-ST-ZIP | ·ATLANTIS·FL·33462 TD | Delete | - CITY-ST-ZIP . | | | Gardens | | 13410 | ☐ Addition | |
| TITLE NAME | MCCRACKEN, THOMAS | L Delete | NAME | TD | | | 2 | Citalige | Addition | |
| STREET ADDRESS | 8193 LITTLE BETH DRIVE, WES | Γ | STREET ADDRES | | e, Tamn | | ffrrn o 1 | | P.T | |
| CITY-ST-ZIP TITLE | BOYNTON BEACH FL 33437 VPD | Delete | TITLE | 170 | Neptur 334 | ne Drive, 162 | | | FL Addition | |
| NAME | WATSUN, JAMES | Delete | NAME | VPD | son, Ja | amas | 7 | Change | | |
| STREET ADDRESS | 6810 HAMMOCK LANE | | STREET ADDRES | ^{is} 129 | Hammoo | ks Court | | | | |
| CITY-ST-ZIP | <u>W. Palm Beach Fl</u> S | Delete | TITLE | Wes | st Palm | Beach, F | L 3341 | -3 T Change | Addition | |
| NAME | HARDY, RUTH, E | _ book | NAME | | | | | | | |
| STREET ADDRESS | 2542 CANTERBURY DR S | | STREET ADDRES | SS | | | | | | |
| CITY-ST-ZIP | W. PALM BEACH FL | ☐ Delete | TITLE | - | | | 1 | ☐ Change | ☐ Addition | |
| NAME . | WEDA, KENNETH A | □ pelefe | NAME | | | • | ' | | | |
| STREET ADDRESS | 2130 RADNOR COURT | | STREET ADDRES | SS | | | | | } | |
| CITY-ST-ZIP | NORTH PALM BEACH FL 33408 Pertify that the information supplied with | this filing does not qualify for | CITY-ST-ZIP | stated in Soc | ction 119 07/31/i |) Florida Statutos I | further certif | v that the in | formation | |
| 12. I hereby certify that the information supplied with this filing does not quality 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 russee empowered of 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 a state of the corporation of the receiver of russee empowered in the corporation of the receiver of russee empowered in the corporation of the receiver of russees and the corporation of the receiver of russees and the corporation of the receiver of russees and the russees are received by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a russees of the corporation of the receiver of russees are russeed as a russe of the corporation of the receiver of russees are russeed as a russe of the corporation of the receiver of russees are russeed as a russe of the russees are russeed as a ru | | | | | | | | | | |
| SIGNATURE - 1-4-01 (521) 833-9665 | | | | | | | | | | |
| | SIGNE AND TYPED OR I | LATITED NAME OF SIGNING OFFICER | OR DIRECTOR | | | Date | Day | time Phone # | | |

51 21

- Scotter | Sector Sectors

CR2E037 (10/00)

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