

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 29, 2004
Secretary of State**

DOCUMENT# N17240

Entity Name: HABITAT FOR HUMANITY OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

1241 OKEECHOBEE RD.
STE. A1
W. PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1241 OKEECHOBEE RD.
STE. A1
W. PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-2783175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, HOWARTH JR.
225 SOUTHERN BLVD.
WEST PALM BEACH, FL 33405 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: PD () Delete
Name: LEWIS, HOWARTH, JR.,
Address: 225 SOUTHERN BLVD
City-St-Zip: W. PALM BEACH, FL

Title: VPD () Delete
Name: SMITH, RALPH
Address: 13217 ST TROPEZ CIRCLE
City-St-Zip: PALM BEACH GARDEN, FL 33410

Title: TD () Delete
Name: PAGE, TAMMY L
Address: 170 NEPTUNE DRIVE
City-St-Zip: HYPOLUXO, FL 33462

Title: VPD () Delete
Name: WATSON, JAMES
Address: 129 HAMMOCKS COURT
City-St-Zip: WEST PALM BEACH, FL 33413

Title: SD () Delete
Name: HARDY, RUTH, E,
Address: 2542 CANTERBURY DR S
City-St-Zip: W. PALM BEACH, FL

Title: VPD () Delete
Name: WEDA, KENNETH A
Address: 2130 RADNOR COURT
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WATSON, JAMES
Address: 129 HAMMOCKS CT
City-St-Zip: W. PALM BEACH, FL 33413

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PPD (X) Change () Addition
Name: LEWIS, HOWARTH
Address: 225 SOUTHERN BLVD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES WATSON

PD

03/29/2004

Electronic Signature of Signing Officer or Director

_____ Date