

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17240

FILED  
Mar 31, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1225A S. MILITARY TRAIL  
W. PALM BEACH, FL 33415

**New Principal Place of Business:**

**Current Mailing Address:**

1225A S. MILITARY TRAIL  
W. PALM BEACH, FL 33415

**New Mailing Address:**

FEI Number: 59-3525576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERNARD GODEK  
1225A S. MILITARY TRAIL  
WEST PALM BEACH, FL 33415 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  
Name: WHITE, WILTON  
Address: 625 N. FLAGLER DRIVE 9TH FLOOR  
City-St-Zip: W. PALM BEACH, FL 33401

Title: TD  
Name: WALKER, THOMAS  
Address: 1225 A SOUTH MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: SD  
Name: SABATELLO, MICHAEL J SD  
Address: 1225 A SOUTH MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VPD  
Name: STRICKROOT, JOHN  
Address: 1225A SOUTH MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VPD  
Name: HEGGEN, CHRISTOPHER  
Address: 4431 EMBARCADERO DR.  
City-St-Zip: WEST PALM BEACH, FL 33407

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: BERNARD J GODEK

ED

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date