

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N23312** (4)
1. Corporation Name
HABITAT FOR HUMANITY OF EAST POLK COUNTY, INC.



Principal Place of Business Mailing Address
P.O. BOX 2857 P.O. BOX 2857
WINTER HAVEN FL 33883-2857 WINTER HAVEN FL 33883-2857

3. Date Incorporated or Qualified **11/04/1987** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2856392** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOMBARDO, BILLIE J
637 6TH ST NW
WINTER HAVEN FL 33880

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **Hemenway, Richard**
CITY-ST-ZIP **2 Terra Lane Winter Haven FL**
TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **Reel, Sandra**
CITY-ST-ZIP **130 Patterson Drive Auburndale FL**
TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **Craig, Michael**
CITY-ST-ZIP **660 Ave N SE Winter Haven FL**
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **Fowler, Diane**
CITY-ST-ZIP **192 Fairway Circle Winter Haven FL**
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **Bucher, Terry**
CITY-ST-ZIP **157 Audubon Court SE Winter Haven FL**
TITLE ☐ DELETE
NAME **Richardson, Charles** PD
STREET ADDRESS **12 Golfview Terr**
CITY-ST-ZIP **Winter Haven, FL 33881**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE **TD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE **100001740921** ☐ Change ☐ Addition
5.2 NAME **-03/13/96--01026--010**
5.3 STREET ADDRESS *****61.25**
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Charles Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96
Date

(941) 297-1009
Daytime Phone #

CR2E037 (12/95)

PS 3/12/96