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FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N37776 (4)
1. Corporation Name
INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC.



Principal Place of Business: 2209 18TH AVE, VERO BEACH FL 32960 US

Mailing Address: 2209 18TH AVE, VERO BEACH FL 32960 US

2. Principal Place of Business: 21 Suite, Apt. #, etc.

2a. Mailing Address: 2a. Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified: 04/23/1990

4. FEI Number: 65-0230079 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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

ROBIN A LLOYD SR & A, P.A. P SUITE 2
660 BEACHLAND BLVD., SUITE 201
ATTENTION TROY B. HAFNER
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, DAVE	1.2 NAME	
STREET ADDRESS	235 COCONUT PALM	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFNER, TROY	2.2 NAME	
STREET ADDRESS	660 BEACHLAND BLVD., SUITE 201	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, BARRY	3.2 NAME	
STREET ADDRESS	1055 6TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	TREASURER
STREET ADDRESS		4.3 STREET ADDRESS	ROBERT E. KING
CITY-ST-ZIP		4.4 CITY-ST-ZIP	726 10TH COURT VERO BEACH, FL 32962
TITLE	V.P.	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS FREDERICK	5.2 NAME	VP
STREET ADDRESS		5.3 STREET ADDRESS	THOMAS FREDERICK
CITY-ST-ZIP		5.4 CITY-ST-ZIP	1605 MAJORCA VERO BEACH, FL 32967
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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.

SIGNATURE:  ROBERT E. KING 2/3/98

CR2E037 (10/97)