

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37776

FILED
Feb 03, 2009
Secretary of State

Entity Name: INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC.

Current Principal Place of Business:

4568 N US HWY #1
VERO BEACH, FL 32967 US

New Principal Place of Business:

Current Mailing Address:

4568 N US HWY #1
VERO BEACH, FL 32967 US

New Mailing Address:

FEI Number: 65-0230079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAFNER, TROY
C/O GOULD, COOKSEY, FENNELL, ET AL
979 BEACHLAND BLVD
VERO BEACH, FL 32963 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: TD () Delete
Name: BEINDORF, ANDY
Address: 958 20TH PLACE
City-St-Zip: VERO BEACH, FL 32960

Title: SD () Delete
Name: TRAX, CAROL REV
Address: 1901 23RD STREET
City-St-Zip: VERO BEACH, FL 32960

Title: PD () Delete
Name: BOWLER, ANDREW
Address: 670 45TH CT. SW
City-St-Zip: VERO BEACH, FL 32968

Title: CD () Delete
Name: DONARS, RENE
Address: 4302 BETHEL CREEK DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: VD () Delete
Name: BARKETT, BRUCE
Address: 756 BEACHLAND BLVD
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: POPPELL, CONNIE
Address: 525 34TH AVE SW
City-St-Zip: VERO BEACH, FL 32968

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

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

Title: VD (X) Change () Addition
Name: HECKMAN, TODD
Address: 2096 WINWARD AVE
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANDREW BOWLER

PD

02/03/2009

Electronic Signature of Signing Officer or Director

Date