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**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90154 003 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N39341**

1. Corporation Name

**WEST ORANGE HABITAT FOR HUMANITY, INC.**

Principal Place of Business

% FIRST PRESBYTERIAN CHURCH  
P.O. BOX 38  
OAKLAND FL 34760

Mailing Address

% FIRST PRESBYTERIAN CHURCH  
P.O. BOX 38  
OAKLAND FL 34760



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/27/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3046322

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOUSE, JOHN  
17505 SUNSET TERRACE  
WINTER GARDEN FL 34787

81 Name  
**John T P Dryden**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**830 Palm Cove Drive**  
83  
84 City  
**Orlando** **FL** 85 Zip Code  
**32835**

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

**John T P Dryden, Treasurer 4.19.99**

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	DP	<input type="checkbox"/> DELETE
NAME	GREEN, JESS	
STREET ADDRESS	803 W 2ND AVE	
CITY-ST-ZIP	WINDMERE FL 34787	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CLARIE, KEVIN	
STREET ADDRESS	1368 WOODFIELD DALES DR	
CITY-ST-ZIP	APPOKA FL 32703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAIN, SACLE	
STREET ADDRESS	9842 MOHRS GOVE LANE	
CITY-ST-ZIP	WINDMERE FL 34787	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHESTNUT, WONDA	
STREET ADDRESS	12405 VINELAND 5-7	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMLEARNS,	
STREET ADDRESS	6926 REMBRANDT DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DURGIN, BERNIE	
STREET ADDRESS	2845 SYELL BARTE DR	
CITY-ST-ZIP	ORLANDO FL 32818	

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Green, Jesse E	
1.3 STREET ADDRESS	803 W 2nd Avenue	
1.4 CITY-ST-ZIP	Windermere, FL 34787	
2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dryden, John T P	
2.3 STREET ADDRESS	830 Palm Cove Drive	
2.4 CITY-ST-ZIP	Orlando, FL 32835	
3.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Fain, Jack R	
3.3 STREET ADDRESS	9842 Mohrs Cove Lane	
3.4 CITY-ST-ZIP	Windermere, FL 34787	
4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Walterhouse, Duane	
4.3 STREET ADDRESS	10102 Carrington Court	
4.4 CITY-ST-ZIP	Orlando, FL 32836	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED** **John T P Dryden, Treasurer 4.19.99 (407) 296-2680**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0073796