

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003158

FILED
Feb 05, 2004
Secretary of State

Entity Name: HABITAT FOR HUMANITY INTERNATIONAL, INC.

Current Principal Place of Business:

121 HABITAT STREET
AMERICUS, GA 31709

New Principal Place of Business:

Current Mailing Address:

121 HABITAT STREET
AMERICUS, GA 31709

New Mailing Address:

FEI Number: 91-1914868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBER, DICK
118 WEST ADAMS STREET, STE. 400
JACKSONVILLE, FL 32202 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: P () Delete
Name: FULLER, MILLARD
Address: 121 HABITAT STREET
City-St-Zip: AMERICUS, GA 31709

Title: EVPC () Delete
Name: WILLIAMS, DAVID
Address: 121 HABITAT STREET
City-St-Zip: AMERICUS, GA 31709

Title: SVP () Delete
Name: BENDER, DENNIS
Address: 121 HABITAT STREET
City-St-Zip: AMERICUS, GA 31709

Title: SVP () Delete
Name: DI SPIGNO, ANTHONY J
Address: 121 HABITAT STREET
City-St-Zip: AMERICUS, GA 31709

Title: SVP () Delete
Name: SHELL, ROBIN
Address: 121 HABITAT STREET
City-St-Zip: AMERICUS, GA 31709

Title: SVP () Delete
Name: CARSCADDON, MICHAEL E
Address: 121 HABITAT STREET
City-St-Zip: AMERICUS, GA 31709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID WILLIAMS

EVPC

02/05/2004

Electronic Signature of Signing Officer or Director

Date