

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37776

FILED
Apr 28, 2006
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: T () Delete
Name: MORGAN, KEITH JR
Address: 1790 PELICAN WAY
City-St-Zip: VERO BEACH, FL 32963

Title: SD () Delete
Name: RENNICK, SANDRA
Address: 979 BEACHLAND BLVD
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: BOWLER, ANDREW
Address: 2609 VICTORY BLVD
City-St-Zip: VERO BEACH, FL 32960

Title: P () Delete
Name: KENYON, FRANCE
Address: 701 MANATEE COVE
City-St-Zip: VERO BEACH, FL 32963

Title: VP () Delete
Name: HILTON, DAVID
Address: 2945 62ND AVE
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: SMITH, JEFF
Address: 325 28TH COURT SW
City-St-Zip: VERO BEACH, FL 32968

Title: S (X) Change () Addition
Name: RENNICK, SANDRA
Address: 979 BEACHLAND BLVD
City-St-Zip: VERO BEACH, FL 32963

Title: D (X) Change () Addition
Name: BOWLER, ANDREW
Address: 670 45TH CT. SW
City-St-Zip: VERO BEACH, FL 32968

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

Title: VP (X) Change () Addition
Name: MORGAN, KEITH
Address: 1790 PELICAN WAY
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN D. HARVEY

C

04/28/2006

Electronic Signature of Signing Officer or Director

Date