

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004941

**Entity Name:** HABITAT FOR CHILDREN MINISTRIES.INC

**Current Principal Place of Business:**

397 SE STARFISH AVE  
PORT ST LUCIE, FL 34983

**Current Mailing Address:**

397 SE STARFISH AVE  
PORT ST LUCIE, FL 34983 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ST. AMOUR, MESCHAC  
397 SE STARFISH AVE  
PORT ST LUCIE, FL 34983 US

*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:** MESCHAC ST. AMOUR

04/08/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MESCHAC ST AMOUR  
Address        397 SE STARFISH AVE  
City-State-Zip: PORT ST LUCIE FL 34983

Title            EXECUTIVE SECRETARY  
Name            SHIRLON, ST AMOUR D  
Address        397 SE STARFISH AVE  
City-State-Zip: PORT ST LUCIE FL 34983

Title            INTERNATIONAL TEAM LEADER  
Name            TAMMI, LATHAM  
Address        397 SE STARFISH AVE  
City-State-Zip: PORT ST LUCIE FL 34983

Title            VP  
Name            ANDRE, JOLY PAUL  
Address        397 SE STARFISH AVE  
City-State-Zip: PORT ST LUCIE FL 34983

Title            OFFICER  
Name            ARLET, EUGENE  
Address        3170 AIRMANS DR. UNIT 1151  
City-State-Zip: FORT PIERCE FL 34946

Title            ELDER  
Name            SANDY , DILLON  
Address        397 SE STARFISH AVE  
City-State-Zip: PORT ST LUCIE FL 34983

Title            NORTHERN AMBASSADOR  
Name            HEATHER, JULSETH RECHNER  
Address        397 SE STARFISH AVE  
City-State-Zip: PORT ST LUCIE FL 34983

*I hereby 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 all other like empowered.*

**SIGNATURE:** MESCHAC ST AMOUR

PRENSIDENT

04/08/2022

Electronic Signature of Signing Officer/Director Detail

Date