2024 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 03/09/2024

Electronic Signature of Registered Agent

Date

FILED Mar 09, 2024

Secretary of State

7668402454CC

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

MESCHAC ST AMOUR Name Name ESCHER, CRIS

397 SE STARFISH AVE Address Address 397 SE STARFISH AVE PORT ST LUCIE FL 34983 PORT ST LUCIE FL 34983 City-State-Zip: City-State-Zip:

SECRETARY & FUNDRAISER Title Title **TREASURER**

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

Title **EDUCATION COORDINATOR &** Title MISSIONS DIRECTOR

SPONSORSHIP LIAISON

Name LYNCH, BRADLEY Name KATIE . MCNALLY

Address 397 SE STARFISH AVE Address 397 SE STARFISH AVE

PORT ST LUCIE FL 34983 City-State-Zip: City-State-Zip: PORT SAINT LUCIE FL 34983

Title INTERNATIONAL TEAM LEADER Title NORTHERN AMBASSADOR

LATHAN, TAMMI Name Name JULSETH. HEATHER 397 SE STARFISH AVE Address Address 397 SE STARFISH AVE PORT SAINT LUCIE FL 34983 City-State-Zip:

PORT ST LUCIE FL 34983 City-State-Zip:

Continues on page 2

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.

03/09/2024 **PRESIDENT** SIGNATURE: MESCHAC ST AMOUR

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

EDUCATION COORDINATOR & SPONSORSHIP LIAISON Title

Name JOHN, MCNALLY

397 SE STARFISH AVE Address

City-State-Zip: PORT SAINT LUCIE FL 34983