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SECOND NOTICE: CORPORATION WILL BE AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSON NONPROFIT CORPORATION ANNUAL REPORT 1996		FLOR	ISSOLVED ON OR AFTER AUGUST 7, 1996.  IED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)  FLORIDA DEPARTMENT OF STATE  Sandra B Mortham  Secretary of State  DIVISION OF CORPORATIONS					
DOCUMENT # 737994		94	4 (4)					
'	COUNTY HABITAT FOR H		` '					
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Principal Place of Business Mailing Address						III BAR BIBA BIBA BARIT.		
142 KINGSLEY AVE P.O. BOX 240 APT. 203-D ORANGE PARK FL 32067-00 ORANGE PARK FL 32073 US				ю				
US	IN FE 320/3	US			3. Dat	e Incorporated or Qualified 02/03/1977	3a. Date of Las	st Report 1/1995
	ace of Business	2a. Mailing Ac	dress		4. FEI	Number	<del></del>	Applied For
Suite, Apt.	*, etc.	Suite, Apt.	#, etc.	<del></del>	5 Cer	59-1748850 tificate of Status Desired	\$8.7	Not Applicable  5 Additional
City & State	ALOR DADE TI	City & Stat	e			ction Campaign Financing		Required  OO May Be
23 ORAI		Zip		Country		st Fund Contribution corporation has liability for	Add Add	ed to Fees
zip 24 320	9. Name and Address of Current	29 Registered Agent	30		Flor	ida Statutes The and Address of New Re	Yes []↓Mo	F S. 199.032,
IOHNI				81 Name	PORFE	H CROSE		
JOHNSON, R.P. 101 WEST HOFFMAN AVENUE					Address (P.O. B	lox Number is Not Acceptate	)le)	
APT 203D PENNEY FARMS FL 32079							10.1	
11 Pursuant t	o the provisions of Sections 617 0500	and 617 1600 Fin	ide Continu	84 City	ENNEY	FARMS	اكدا ا⊫	ip Code 2079
office or re agent. I an SIGNATURE	to the provisions of Sections 617.0502 ogistered agent, or both, in the State of familiar with, and accept the obligated the section familiar with, and accept the obligated the section familiar with, and accept the obligated the section familiar with a section familiar	SOGER 1	nge was autho 7.0503, Florida	orized by the corp Statutes.	corporation subjects of a corporation's board of a corporation's board of a corporation subjects of a corporation subject of a cor	mits this statement for the p of directors. I hereby accep	urpose of changing t the appointment a	Its registered s registered
12.	Signature, typed or printed name of registered agen OFFICERS AND		(NOTE Re	gistered Agent signature 13.	required when reinsta	ting) TIONS/CHANGES TO OFFI	DATE CERS AND DIRECT	ORS IN 12 6
TITLE NAME	TD Bergstresser, George		DELETE	1.1 TITLE			Chang	ge Addition 8
STREET ADDRESS	4375 STUDIO DR.			1.2 NAME 1.3 STREET ADDRESS				037
CITY-ST-ZIP TITLE	PENNEY FARMS FL		DELETÉ	1.4 CITY - ST - ZIP				HI Control of the second of th
NAME	HIGGINS, WILLIAM		DEFEIE	2.1 TITLE 2.2 NAME	ROSE	P H, CROS	S Chang	e Maddition O
STREET ADDRESS	1847 WEXFORD WAY			2 3 STREET ADDRESS		R H. CROS STUDIO RI		
TITLE	ORANGE PARK FL D	v	DELETE	2 4 CITY - ST - ZIP	NO	EY FARNS,	+63201	
NAME	MUILENBURG, JOHN			3.2 NAME	JAYO	LIVERIO	C CIRIL	le [] Addition
STREET ADDRESS	PENNEY RETIREMENT #308 PENNEY FARMS FL	С		3.3 STREET ADDRESS	1796	PRESTON TR.	. ود ا <del>ر</del> بي	
CITY-ST-ZIP TITLE	SD		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	50	COUR SPRING	S, F L 32	e Addition
NAME	JOHNSON, PARK	_		4. 2 NAME	JOEL 1	restik	(P) Onling	P MOUNTON
STREET ADDRESS	PENNEY RETIREMENT #203 PENNEY FARMS FL	D		4.3 STREET ADDRESS	2093 7	TANAGER DR	ファムフオ	
CITY-ST-ZIP TITLE	VD VD		DELETE	4.4 City-St-ZIP 5.1 Title	O KHNG D	E PARK, FL	Chang	e Addition
NAME	MASSEY, DAVIDE	<b></b>		5 2 NAME	WILLIA	M HIGGINS		K [] Addition
STREET ADDRESS	589 PINE FOREST TRAIL ORANGE PARK FL			5.3 STREET ADDRESS	1847	M HIGGINS WEXFORD W IGE PARK,	ノガブ ビルママニン	,,
CITY-ST-ZIP TITLE	OTHER PARTY PL		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	UKAN)	OF YHKK,	FL 120 i	
NAME		· · · · · ·		6.2 NAME			LI CHAIN	- L Addr(0))
STREET ADDRESS				6.3 STREET ADDRESS				
14. I do hereby	certify that the information supplied	with this filing is vol	untarily furnish	64 CITY-ST-ZIP ed and does not	qualify for the ex	remption stated in Section 1	19 07/3\/k\ Elorida	Statutos I

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

SIGNATURE:

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR