

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 742136 (5)

1. Corporation Name  
**IMMOKALEE HABITAT FOR HUMANITY, INC.**



Principal Place of Business: PO BOX 1671 IMMOKALEE FL 33934  
Mailing Address: PO BOX 1671 IMMOKALEE FL 33934

3. Date Incorporated or Qualified: 03/20/1978  
3a. Date of Last Report: 09/22/1995

21	2. Principal Place of Business 640 N. Ninth Street	2a	2a. Mailing Address	4.	FEI Number 59-1834379	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.			Not Applicable
23	22 City & State Immokalee, FL	27	27 City & State	5.	Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24	23 Zip 33934	28	28 City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25	24 Country USA	29	29 Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30	25 Country	30	30 Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, CHARLES C. 925 CARAMBAS DRIVE MARCO ISLAND FL 33937				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD SCHWIERS, PETER A 9225 THE LANE NAPLES FL 33942-1545	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD RUDELL, ALLAN L. 185 EDMERE WAY SOUTH NAPLES FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Edmund H. Sorenson
STREET ADDRESS		2.3 STREET ADDRESS	1285 Gulf Shore Boulevard North
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Naples, Florida 33940
TITLE	VD SMITH, CHARLES C. 925 CAXAMBAS DR. MARCO ISLAND FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S KOONTZ, DARLENE 4625 CHIPPENDALE DR NAPLES FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Darlene Koontz* 1/16/96 941/657-4466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)