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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

640 N. 9TH ST.
IMMOKALEE FL 33934
US

PO BOX 1671
IMMOKALEE FL 34143-1671

3. Date Incorporated or Qualified
03/20/1978

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1834379

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24 34142

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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

Charles Dauray

82 Street Address (P.O. Box Number is Not Acceptable)

2280 14th Street North

83

Naples, FL 34103

84 City

FL

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 Charles Dauray, Vice President

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD DELETE
NAME SCHWIERS, PETER A
STREET ADDRESS 9225 THE LANE
CITY-ST-ZIP NAPLES FL 33942-1545

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD DELETE
NAME SORENSON, EDMUND H
STREET ADDRESS 1285 GULF SHORE BLVD. N.
CITY-ST-ZIP NAPLES FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD DELETE
NAME SMITH, CHARLES C.
STREET ADDRESS 925 CAXAMBAS DR.
CITY-ST-ZIP MARCO ISLAND FL

3.1 TITLE Change Addition
3.2 NAME Smith, Charles
3.3 STREET ADDRESS 124 Moorings Park Dr. Apt. H-101
3.4 CITY-ST-ZIP Naples, FL 34105

TITLE S DELETE
NAME KOONTZ, DARLENE
STREET ADDRESS 4625 CHIPPENDALE DR
CITY-ST-ZIP NAPLES FL

4.1 TITLE Change Addition
4.2 NAME Foster, Suzanne
4.3 STREET ADDRESS 613 Hendry St.
4.4 CITY-ST-ZIP Immokalee, FL 34142

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(i), 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:

Suzanne Foster, Director

1-16-97

941-657-4466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 00000000

CFR2E037 (9/96)