

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

• NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 742136 (5) *nc9-26*

1. Corporation Name
~~IMMOKALEE HABITAT FOR HUMANITY, INC.~~
HABITAT FOR HUMANITY OF COLLIER COUNTY, INC

Principal Place of Business Mailing Address

640 N. 9TH ST.
IMMOKALEE FL 34142
US

PO BOX 1671
IMMOKALEE FL 34143

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30		31	Country

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

3. Date Incorporated or Qualified
03/20/1978

4. FEI Number
59-1834379

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year, Intangible Personal Property Tax due June 30. Yes No

DAURAY, CHARLES
2280 14TH STREET NORTH
NAPLES FL 34103

PETER A. SCHWIERS
9225 THE LANE
NAPLES, FL 33942-1545

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 *Peter A. Schwiers* DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHWIERS, PETER A	
STREET ADDRESS	9225 THE LANE	
CITY-ST-ZIP	NAPLES FL 33942-1545	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SORENSON, EDMUND H	
STREET ADDRESS	1285 GULF SHORE BLVD. N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, CHARLES C.	
STREET ADDRESS	124 MOORINGS PARK DR., APT. H-101	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FOSTER, SUZANNE	
STREET ADDRESS	813 HENDRY ST.	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	701 HENDRY ST
4.4 CITY-ST-ZIP	IMMOKALEE, FL 34142-2946
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	700002423047
5.4 CITY-ST-ZIP	-02/06/98--01003--023
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

***61.25

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JR

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 *Peter A. Schwiers* DATE *1 21 98 (944) 657-1411*

CR2E037 (10/97)