

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 # 769100 (9)

1. Corporation Name

HABITAT FOR HUMANITY OF BROWARD, INC.



Principal Place of Business

Mailing Address

1501 S. FEDERAL HWY.
4TH FLOOR
POMPANO BEACH FL 33062

1501 S. FEDERAL HWY.
4TH FLOOR
POMPANO BEACH FL 33062

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. *Same*

26 Suite, Apt. #, etc. *Same*

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

06/24/1983

3a. Date of Last Report

03/09/1995

4. FEI Number

59-2320573

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

P. LEWIS FRAZAR
1501 S. FEDERAL HWY
4TH FLOOR
POMPANO BEACH FL 33062

81 Name

Katharine S. Barry

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

1501 S. Fed. Hwy

83

4th Floor

84 City

Pompano Bch

FL

85 Zip Code

33062

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

Katharine S. Barry

(Katharine S. Barry)

2/5/96

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 S
NAME AKAGBOSU, CHRIS
STREET ADDRESS 2017 NW 46TH AVENUE #301
CITY-ST-ZIP LAUDERHILL FL ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME *Sec. & Bd member*
1.3 STREET ADDRESS *Kathy Craven*
1.4 CITY-ST-ZIP *2657 NE 34 ST. Ft. Lauderdale, Fla. 33306*

TITLE VD
NAME BOWMAN, MARY L
STREET ADDRESS 1400 NE 4TH STREET #6
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

2.1 TITLE *Board Chair/Pres.* ☒ Change ☐ Addition
2.2 NAME *Mary Lou Bowman*
2.3 STREET ADDRESS *1749 NE 15th St.*
2.4 CITY-ST-ZIP *Ft. Lauderdale, Fla. 33304*

TITLE C
NAME CURRY, PAT
STREET ADDRESS 5462 SW 1ST STREET
CITY-ST-ZIP PLANTATION FL ☐ DELETE

3.1 TITLE *Board Vice Pres.* ☒ Change ☐ Addition
3.2 NAME *Henry Magnusson*
3.3 STREET ADDRESS *3323 W. Commercial Blvd. #100*
3.4 CITY-ST-ZIP *Ft. Lauderdale, Fla. 33309*

TITLE T
NAME TELVI, NAOMI
STREET ADDRESS 4080 NW 5TH STREET
CITY-ST-ZIP COCONUT CREEK FL ☒ DELETE

4.1 TITLE *Treas. & Bd member* ☒ Change ☐ Addition
4.2 NAME *John Standart*
4.3 STREET ADDRESS *8221 NE 17th Ter.*
4.4 CITY-ST-ZIP *Ft. Lauderdale 33334*

TITLE D
NAME JACKSON, EDDIE
STREET ADDRESS 621 N.W. 5TH CT.
CITY-ST-ZIP HALLANDALE FL *(Same)* ☐ DELETE

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

TITLE
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 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:

Kathy Craven
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

(954) 739-6400

Date

Daytime Phone #

CR2E037 (12/95)