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FILED

Jan 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 330621501 S. FEDERAL HWY.
4TH FLOOR
POMPANO BEACH FL 33062-75163. Date Incorporated or Qualified
06/24/19833a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-2320573Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. 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

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

81 Name

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

83

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

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 ☒ DELETE
NAME AKAGBOSU, CHRIS
STREET ADDRESS 2017 NW 46TH AVENUE #301
CITY-ST-ZIP LAUDERHILL FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME Kathy Craven
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ☒ DELETE
NAME BOWMAN, MARY L
STREET ADDRESS 1749 NE 15TH ST.
CITY-ST-ZIP FT LAUDERDALE FL 333042.1 TITLE Executive Director ☐ Change ☒ Addition
2.2 NAME P. Lewis Frazar
2.3 STREET ADDRESS 635 N.E. 17th Ave.
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33304TITLE C ☒ DELETE
NAME CURRY, PAT
STREET ADDRESS 5462 SW 1ST STREET
CITY-ST-ZIP PLANTATION FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME Uke-Chan / Dir.
3.3 STREET ADDRESS Henry Magnuson
3.4 CITY-ST-ZIP 3323 W. Commercial Blvd
Ft. Lauderdale, Fla. 33309TITLE ☒ DELETE
NAME T/O STANBART, JOHN
STREET ADDRESS 5221 NE 17TH TERR.
CITY-ST-ZIP FT. LAUDERDALE FL 333344.1 TITLE ☐ Change ☐ Addition
4.2 NAME Treas / Dir
4.3 STREET ADDRESS Richard Goldstein
4.4 CITY-ST-ZIP 1118 SE 5 Ct
Davie, Fla. 33004TITLE ☐ DELETE
NAME JACKSON, EDDIE
STREET ADDRESS 621 N.W. 5TH CT.
CITY-ST-ZIP HALLANDALE FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME S/O CRAVEN, KATHY
STREET ADDRESS 2657 NE 34TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL 333066.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021730

CR2E037 (9/96)