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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769100

1. Corporation Name

HABITAT FOR HUMANITY OF BROWARD, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/24/1983

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

9. Name and Address of Current Registered Agent

ROMANELLO, NICHOLAS W
633 SOUTH FEDERAL HIGHWAY
8TH FLOOR
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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

TITLE ED ☒ DELETE
NAME P LEWIS FRAZAR
STREET ADDRESS 635 NE 17TH AVENUE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE P/D ☐ DELETE
NAME MAGNUSON, HENRY
STREET ADDRESS 3323 W COMMERCIAL BLVD #100
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE DVP ☐ DELETE
NAME DALY, NANCY
STREET ADDRESS 401 IDELWYLD DR
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE DT ☐ DELETE
NAME RODRIGUEZ, CECILIO
STREET ADDRESS 515 E LAS OLAS BLVD #910
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE D ☒ DELETE
NAME AKAGBOSH, CHRIS
STREET ADDRESS 600 SE 3RD AVE 14TH FL
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE DVP ☐ DELETE
NAME CRAVEN, KATHY *change*
STREET ADDRESS 2657 NE 34TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33306

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NICHOLAS ROMANELLO ☐ Change ☒ Addition
1.2 NAME 633 S. FEDERAL HIGHWAY
1.3 STREET ADDRESS 8TH FLOOR
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301 *DVP*

2.1 TITLE O/S ☐ Change ☒ Addition
2.2 NAME SUE MARTIN
2.3 STREET ADDRESS 3425 Dunes Vista Dr
2.4 CITY-ST-ZIP Pompano Beach, FL 33069

3.1 TITLE EO ☐ Change ☐ Addition
3.2 NAME RAY WEST
3.3 STREET ADDRESS 1501 S. Federal Highway
3.4 CITY-ST-ZIP Pompano Beach, FL 33062

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

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 with all other like empowered.

SIGNATURE:

SIG. Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

Date

Daytime Phone #

1/7/99 954-941-0404

CR2E037 (11/98)