FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9400000510 (7) DOCUMENT # 1. Corporation Name

HABITAT AMERICA, INC.

CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block 13 if changed or on an attachment with an address.

Principal Place of Business Mailing Address 2440 PEACHTREE RD 2440 PEACHTREE RD #20 ATLANTA GA 30305-4123 ATLANTA GA 30305 3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1994 01/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 550497 58-1847119 P.O. Box Not Applicable 26 Suite, Apt. #, etc Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing GEORGIA ATLANIA Trust Fund Contribution Added to Fees 23 28 Zip Country Zip 8. This corporation has liability for intengible tax under s. 199.032, 3035 Yes 🔲 No 24 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name CORPORATION INFORMATION SERVICES, INC. **B2** Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET **B3** TALLAHASSEE FL 32301 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition ☐ DELETE 1.1 TITLE TITLE PCD DUMAS, MARK M 1.2 NAME 2440 PEACHTREE RD. N.E. STREET ADDRESS 1.3 STREET ADDRESS ATLANTA GA CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE VCD 2.2 NAME NAME adams, oc 1425 SYLVAN CIR., N.E. STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP atlanta ga 2. 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME EAGERTON, LEIGH C 3.2 NAME 4182 ROSWELL ROAD NE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30342 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE ☐ Change TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ■ Addition Change TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE 62 NAME NAME STREET ADDRESS **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