2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State
02-07-2001 90141 011 ****61.25

DOCUMENT # N00000004460

1. Entity Name

ARCADIA-DESOTO COUNTY HABITAT FOR HUMANITY, INCO

Principal Place of Business	Mailing Address
1269 SE TANGELO ARCADIA FL 34266	1269 SE TANGELO ARCADIA FL 34266

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18 N. MANATEE AVE Suite, Apt. #, etc.	P.O. BOX 1478 Suite, Apt. #, etc.
City & State: ARCADIA FL	City & State: ARCADIA, FL
Zip: 34266 Country: DESOTO	Zip: 34265 Country: DESOTO

4. FEI Number: 59-3656661 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPANGLER, COLLEEN A 1269 SE TANGELO ARCADIA FL 34266	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DEW, RANDLE 2626 NE SR 70, #323 ARCADIA FL 34266	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ELLEN DAVIS 2692 N.E. SR 70 #111 ARCADIA, FL 34266	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MERRILL, JERRY 6645 MASTERS AVE ARCADIA FL 34266	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BAUMANN, ROBERT 427 W. HICKORY ST ARCADIA, FL 34266	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GREEN, JOY P.O. BOX 2946 ARCADIA FL 34265-2946	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MOORE, RUTH P.O. BOX 967 ARCADIA FL 34265-0967	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen Davis SIGNATURE REQUIRED ELLEN DAVIS Jan 31, 2001 494-4118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #