2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90158 021 ****61.25

DOCUMENT # N00000004460

1. Entity Name

ARCADIA-DESOTO COUNTY HABITAT FOR HUMANITY, INCO RPORATED

B0049080

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
18 N MANATEE AVE ARCADIA FL 34266	P O BOX 1478 ARCADIA FL 34265

2. Principal Place of Business	3. Mailing Address
33 W. MAGNOLIA ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ARCADIA FL	City & State
Zip: 34266 Country: DESOTO	Zip Country

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 DAVIS, ELLEN 2692 NE SR 70 #111 ARCADIA FL 34266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BAUMANN, ROBERT 427 W HICKIRY STREET ARCADIA FL 34266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	DT ROBIN VITALI 6132NE Thomas Dr ARCADIA, FL 34266	☐ 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 (9/01)

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: SIGNATURE REQUIRED ROBERT BAUMANN 3/13/02 863-494-4118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #