2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004
Secretary of State

DOCUMENT# N00000004460

Entity Name: ARCADIA-DESOTO COUNTY HABITAT FOR HUMANITY, INCORPORATED

Current Principal Place of Business:

33 W MAGNDIA ST
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

P O BOX 1478
ARCADIA, FL 34265

New Mailing Address:

FEI Number: 59-3656661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPANGLER, COLLEEN A
1269 SE TANGELO
ARCADIA, FL 34266

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HESTMAN, EUGENE P
Address: 5162 NW OAKHILL AVE
City-St-Zip: ARCADIA, FL 34266

Title: DV ( ) Delete
Name: GUICE, THELMA
Address: 1601 E CYPRESS CST
City-St-Zip: ARCADIA, FL 34266

Title: DS ( ) Delete
Name: GREEN, JOY
Address: P.O. BOX 2946
City-St-Zip: ARCADIA, FL 342652946

Title: DT ( ) Delete
Name: VITALI, ROBIN
Address: 6152 NE THOMAS DR
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete
Name: NAUMAN, KEN REV
Address: 922 W HICKORY ST
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete
Name: LLOYD, DIANE
Address: 13 MICHIGAN AVE
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE P. HEITMAN DP 02/05/2004

Electronic Signature of Signing Officer or Director — Date

WILL KREBS D
11751 S.E. HEAD AVE
ARCADIA, FL 34266

HOWARD HOLTZENDORF D
P.O. BOX 2151
ARCADIA, FL 34265

MARIA MORENO D
704 E. MAPLE STREET
ARCADIA, FL 34266

FRANK BAXLEY D
P.O. BOX 1921
ARCADIA, FL 34265

REV. TED HANUS D
722 W. WHIDDEN STREET
ARCADIA, FL 34266

MELVA SAWYER D
811 E. MYRTLE STREET
ARCADIA, FL 34266