

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000603

FILED
Apr 29, 2005
Secretary of State

Entity Name: HABITAT HOPE RESTORATION AND EDUCATION CENTER, INC.

Current Principal Place of Business:

725 45TH ST.
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

725 45TH ST.
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 37-1457443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORVILUS, LEMEL
14576 KEY LIME BLVD.
LOXAHATCHEE, FL 33470 US

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: PD () Delete
Name: DORVILUS, LEMEL
Address: 14576 KEYLIME BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VD () Delete
Name: AUDIGE, VICTOR
Address: 640 40TH ST.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD () Delete
Name: WALKER, VERNALEE
Address: 725 45TH ST.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TD (X) Delete
Name: SAUVEUR, ADONIS
Address: 5154 JACKSON RD.
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: DAVILMAR, JEAN
Address: 4595 CHERRY RD.
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: SANON, JEAN
Address: 407 S. DIXIE HWY., STE. 4
City-St-Zip: LAKE WORTH, FL 33460

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: D (X) Change () Addition
Name: WASHINGTON, ERNEST
Address: 1124 BROADWAY STE O
City-St-Zip: RIVIERA BEACH, FL 33404

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: LEMEL DORVILUS

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date