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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:47

DOCUMENT # N07086 (4)

1. Corporation Name
PINELLAS HABITAT FOR HUMANITY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 16101 ST PETERSBURG FL 33733 US	P.O. BOX 16101 ST PETERSBURG FL 33733 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1985
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2507116 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PALMER, RIC
220 AVENIDA LA PALMA
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name: Giebner, Richard
82 Street Address (P.O. Box Number is Not Acceptable): 1611 Idle Drive
83
84 City: Clearwater FL 85 Zip Code: 34616

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Richard W. Giebner — Richard Giebner, Operations Manager
(Signature (typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	board president ☒ Change ☐ Addition
NAME	MORGAN, DAN	1.2 NAME	Magraw, Thomas
STREET ADDRESS	9762 54TH AVE, N	1.3 STREET ADDRESS	426 13th Ave NE
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	DP	2.1 TITLE	board vice president ☐ Change ☒ Addition
NAME	LOGAN, WALT	2.2 NAME	Robin Reardon
STREET ADDRESS	6641 CENTRAL AVE	2.3 STREET ADDRESS	1150 49th St N
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	DIEHL, HAROLD	3.2 NAME	
STREET ADDRESS	1002 IMPERIAL PALMS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BUNGARD, NORM	4.2 NAME	
STREET ADDRESS	6401 LIVINGSTON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MAGRAW, THOMAS	5.2 NAME	
STREET ADDRESS	426 13TH AVE NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas W Magraw — Thomas W. Magraw — 1-28-95 — 321-4512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
President of Board

0056576