FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
D VISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: **01/14/1985**
3a. Date of Last Report: **02/08/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GIEBNER, RICHARD
1611 IDLE DRIVE
CLEARWATER FL 34616

Richard H. Giebner

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	11 TITLE	President	☒ Change ☐ Addition
NAME	MAGRAW, THOMAS		12 NAME D	Robin Reardon	
STREET ADDRESS	426 13TH AVE NE		13 STREET ADDRESS	214 Grace Street	
CITY-ST-ZIP	ST PETERSBURG FL		14 CITY-ST-ZIP	Crystal Beach, FL 34681	
TITLE	DP	☐ DELETE	21 TITLE	Operations Manager	☐ Change ☒ Addition
NAME	LOGAN, WALT		22 NAME M	Richard Giebner	
STREET ADDRESS	6641 CENTRAL AVE		23 STREET ADDRESS	1611 Idle Drive	
CITY-ST-ZIP	ST. PETERSBURG FL		24 CITY-ST-ZIP	Clearwater, FL 34616	
TITLE	DS	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	DIEHL, HAROLD		32 NAME		
STREET ADDRESS	1002 IMPERIAL PALMS DR		33 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BUNGARD, NORM		42 NAME		
STREET ADDRESS	6401 LIVINGSTON AVE		43 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	MAGRAW, THOMAS		52 NAME		
STREET ADDRESS	426 13TH AVE NE		53 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		54 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	REARDON, ROBIN		62 NAME		
STREET ADDRESS	1150 49TH ST N		63 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Richard H. Giebner Richard Giebner, Operations Mngr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #