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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION 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 33733-6101 US

3. Date Incorporated or Qualified: 01/14/1985
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
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

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 _____ 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	PRES	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REARDON, ROBIN		1.2 NAME	
STREET ADDRESS	214 GRACE STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL BEACH FL		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LOGAN, WALT		2.2 NAME	
STREET ADDRESS	6641 CENTRAL AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	
TITLE	DS	☒ DELETE	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	☐ DELETE	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	☐ DELETE	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	O M	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GIEBNER, RICHARD		6.2 NAME	
STREET ADDRESS	1611 IDLE DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 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: [signature] 1-3-97 Richard Giebner, Operations Mngr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0051370