FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 21, 1999 8:00am
Secretary of State
01-21-1999 90029 032 ****70.00

DOCUMENT # **N07086**

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

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

3. Date Incorporated or Qualifed: 01/14/1985

4. FEI Number: 59-2507116 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	D	☐ 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 34681		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STADLER, JUDITH		2.2 NAME		
STREET ADDRESS	619 33RD AVENUE NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33704		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BUNGARD, NORM		3.2 NAME		
STREET ADDRESS	5400 PARK ST. N. #7		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33709		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RHODE, TIMOTHY		4.2 NAME		
STREET ADDRESS	116 8TH AVENUE NE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33701		4.4 CITY-ST-ZIP		
TITLE	O M	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GIEBNER, RICHARD		5.2 NAME		
STREET ADDRESS	1611 IDLE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFITH, TONY		6.2 NAME		
STREET ADDRESS	245 SHORE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Richard Giebner **SIGNATURE REQUIRED** Richard Giebner 1-5-99 727-321-4512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #