

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N07657** (2)

1. Corporation Name

HABITAT FOR HUMANITY SARASOTA, INC.



Principal Place of Business

P.O. BOX 49352
SARASOTA FL 34230

Mailing Address

P.O. BOX 49352
SARASOTA FL 34230

3. Date Incorporated or Qualified
02/15/1985

3a. Date of Last Report
09/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2495597

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

10. Name and Address of New Registered Agent

**SCHAUB III, JOHN W.
1938 RINGLING BLVD.
SARASOTA FL 34236**

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

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~~ ☒ DELETE
NAME ~~ALLEN, REBECCA~~
STREET ADDRESS ~~P.O. BOX 1478 N/A~~
CITY-ST-ZIP ~~SARASOTA FL 34230~~

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Gwyn Davies**
1.3 STREET ADDRESS **3709 Glen Oaks Manor Dr,**
1.4 CITY-ST-ZIP **Sarasota, Fla. 34232**

TITLE **VPD** ☐ DELETE
NAME **BOEDECKER, K. JUD**
STREET ADDRESS **4901 TAMiami TrL S**
CITY-ST-ZIP **VENICE FL**

2.1 TITLE **Boedecker, Jvd** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **COLLIER, FRAN**
STREET ADDRESS **3187 WINDBRUSH BOURNE**
CITY-ST-ZIP **SARASOTA FL 34235**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Sandy Epps**
3.3 STREET ADDRESS **1553 Mackerel St**
3.4 CITY-ST-ZIP **Sarasota, FL 34237**

TITLE ~~D~~ ☒ DELETE
NAME ~~JONES, TRACEY REV~~
STREET ADDRESS ~~3649 ASTER DR.~~
CITY-ST-ZIP ~~SARASOTA FL 34233~~

4.1 TITLE **PD** ☐ Change ☒ Addition
4.2 NAME **Dr. Paul Binder**
4.3 STREET ADDRESS **2249 Florida St.**
4.4 CITY-ST-ZIP **Sarasota, FL 34231**

TITLE **D** ☐ DELETE
NAME **HICKS, WILL**
STREET ADDRESS **173 BIG PASS LN**
CITY-ST-ZIP **SARASOTA FL 34242**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **DOEBAUGH, JOHN D.**
STREET ADDRESS **219 WHISPERING OAKS CT**
CITY-ST-ZIP **SARASOTA FL**

6.1 TITLE **Dumbaugh, John D.** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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:

John D. Dumbaugh, Secretary 1/19/96 941-365-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)