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FILED

Jan 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 34230-6352

3. Date Incorporated or Qualified

02/15/1985

3a. Date of Last Report

01/25/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2495597

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

81 Name

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

83

84 City

FL

85

Zip Code

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

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
NAME DAVIES, GWYN
STREET ADDRESS 3709 GLENOAKS MANOR DR
CITY-ST-ZIP SARASOTA FL
☒ DELETE1.1 TITLE D
1.2 NAME SCHAUB III, JOHN W.
1.3 STREET ADDRESS 1938 RINGLING BLVD
1.4 CITY-ST-ZIP SARASOTA, FL 34236
☐ Change ☐ AdditionTITLE VPD
NAME BOEDECKER, JUD
STREET ADDRESS 4901 TAMiami TrL S
CITY-ST-ZIP VENICE FL
☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE D
NAME COLLIER, FRAN
STREET ADDRESS 3187 WINDBRUSH BOURNE
CITY-ST-ZIP SARASOTA FL 34235
☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE PD
NAME BINDER, PAUL DR.
STREET ADDRESS 2249 FLORINDA ST
CITY-ST-ZIP SARASOTA FL
☒ DELETE4.1 TITLE PD
4.2 NAME GARLINGTON, MRS. ANNE C.
4.3 STREET ADDRESS 1605 MAIN ST, NATIONS BANK STE 101
4.4 CITY-ST-ZIP SARASOTA, FL 34236
☐ Change ☐ AdditionTITLE D
NAME HICKS, WILL
STREET ADDRESS 173 BIG PASS LN
CITY-ST-ZIP SARASOTA FL 34242
☒ DELETE5.1 TITLE SD
5.2 NAME SWARTZ, MS. LISA
5.3 STREET ADDRESS 4745 MAID MARIAN LANE
5.4 CITY-ST-ZIP SARASOTA, FL 34232
☐ Change ☐ AdditionTITLE SD
NAME DUMBAUGH, JOHN D.
STREET ADDRESS 219 WHISPERING OAKS CT
CITY-ST-ZIP SARASOTA FL
☒ DELETE6.1 TITLE TD
6.2 NAME HITT, BONNIE CPA
6.3 STREET ADDRESS 2 TAMIANI TRAIL N, SMITH FARM & CO STE 604
6.4 CITY-ST-ZIP SARASOTA, FL 34236
☐ Change ☐ Addition

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:

Bonnie Hitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/8/97 941 365-0620
Date Daytime Phone # 0062051

CR2E037 (9/96)