## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(2)

HABITAT FOR HUMANITY SARASOTA, INC.

Principal Place of Business		Mailing Address	Mailing Address			AN ARDIN MANDE MEETE LONE BINDI MEE	ılı <b>vie</b> li bibi	<b>                                    </b>	
P.O. BOX 49352		P.O. BOX 49352				ed or Qualified			
SARASOTA FL	. 34230	SARASOTA FL 34230			02/15/198	35			
					4. FEI Number		_	Applied For	
3 Dileninal I	- LPI	1 - x - 10 - A A A A			59-24955	97		Not Applicable	
Principal Place of Business     The state of Business     The sta		2a. Mailing Address	<del></del>			atus Desired		5 Additional Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>			ign Financing	\$5.00	О мау Ве	
City & Stat	ıta .	City & State	City & State			Trust Fund Contribution			
23		28			7. IS this non-pront of	Yes No			
Zip	Country	Zip			8. This corporation	8. This corporation owes or has paid the current year Intangible			
24	25	29	30		Personal Propert	ty Tax due June 30.	Yes	☐ No	
	9. Name and Address of Current	Registered Agent				ress of New Registered	Agent		
			81	Name	<b>)</b>				
SCHAUB III, JOHN W.			82	Street	t Address (P.O. Box Number	dress (P.O. Box Number is Not Acceptable)			
1938 RINGLING BLVD.			83		<del></del>				
SAHASI	OTA FL 34236		0.5						
			84	City		FL	85 Z	ip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	tes, the above	e-name	d corporation submits this sta		changing	g its registered	
office or a	registered agent, or both, in the State of am familiar with, and accept the obliga-	of Florida. Such change was a tions of, Section 617,0503, Fl	authorized by lorida Statuter	the co	rporation's board of directors.	. I hereby accept the app	ointment	as registered	
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									
SIGNATORE	Signature, typed or printed name of registered agen			nt signatu	re required when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHAN	NGES TO OFFICERS AND			
TITLE	D COLUMN TO TOUR BY THE	☐ DELETE	1.1 TITLE				L Chang	re Addition	
Name	SCUAHUB, JOHN W III		1.2 NAME						
STREET ADDRESS			1.3 STREET						
CITY-ST-ZIP	SARASOTA FL	☐ DELETE	1.4 CITY-S	r-zip	-		Chang	e Addition	
TOTLE	AbD	L'1 DETELE	2.1 TITLE 2.2 NAME				L. Chang	is Munipu	
NAME emet apporce	BOEDECKER, JUD s 4901 TAMIAMI TRL S			ADDOCCO					
STREET ADDRESS	VENICE FL		2.3 STREET 2. 4 CITY - S		→ ¬===				
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CH 17 - 8	/1 = ZII:	Sterling Silver	\	☐ Chang	e Addition	
NAME	COLLIER, FRAN	<b>₹</b>	3.2 NAME		5616 Merrimac D			_	
STREET ADDRESS	3187 WINDBRUSH BOURNE	_	3.3 STREET	ADDRESS	Sarasota, FL 342	31			
CITY-SI-ZIP SARASOTA FL 34235			3.4. CITY-S						
TITLE	PD ~	DELETE	4.1 TITLE		Charles I (Charl	mnn		Addition	
NAME	GARLINGTON, MRS ANNE C	<b>'</b> '	4. 2 NAME		Charles J. (Chuck	k) Miller		•	
STREET ADDRESS	1605 MAIN ST, NATIONS BAN	K SUITE 101	4,3 STREET	ADDRESS	7157 Del Lago D	rive			
CITY-ST-ZIP	SARASOTA FL	` `	4.4 CITY-ST	T-ZIP	Sarasota FL 3423	8	_		
TITLE	SD	DELETE	5.1 TITLE		SEC.		_i · · · · · · · · · · · · · · · · · · ·	Addition	
NAME	SWARTZ, MS LISA		5.2 NAME		Allen Higginbotha				
STREET ADDRESS	4745 MAID MARIAN LANE		5.3 STREET	ADDRESS					
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST	1-ZIP	- Sarasota, FL 3423		<u> </u>		
TITLE	TD	DELETE	6.1 TITLE		Duranom, 120	,5		Addition	
NAME	HITT, BONNIE C.P.A.		6.2 NAME						
STREET ADDRESS	2 TAMIANI TRAIL N, SUITE 60	4	6.3 STREET	-					
CiTY-ST-ZIP	SARASOTA FL certify that the information supplied with	h this filing does not qualify f	6.4 CITY-ST		tod in Section 119 07/3\/i) Fir	vida Statutes, I further ce	rtifu that t	he information	
indicated	f on this annual report or supplemental	annual report is true and acc	curate and tha	at mv sid	anature shall have the same i	legal effect as it made und	der 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:

**FILED** 

Jan 29 1998 8:00am

Secretary of State