2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07657

DERR, WAYNE

SAMUEL, LOIS

BRADENTON, FL 34203

3608 BONAVENTURE CT

SARASOTA, FL 34243

() Delete

6526 68TH ST

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Mar 31, 2004 Secretary of State

Entity Name: HABITAT FOR HUMANITY SARASOTA, INC.

Current Principal Place of Business: New Principal Place of Business: 2067 CONSTITUTION BLVD. SARASOTA, FL 34231 **Current Mailing Address: New Mailing Address:** 2067 CONSTITUTION BLVD. SARASOTA, FL 34231 FEI Number: 59-2495597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHAUB III, JOHN W JEANNE L. SMITH 2067 CONSTITUTION BLVD. 2067 CONSTITUTION BLVD. SARASOTA, FL 34231 SARASOTA, FL 34231 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: JEANNE L. SMITH 03/31/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SCHAUB, JOHN W III SCHAUB, JOHN W III Name: Name: 1938 RINGLING BLVD Address: 2677 TAMIAMI TRAIL SOUTH Address: City-St-Zip: SARASOTA, FL City-St-Zip: SARASOTA, FL 34239 Title: VPD () Delete Title: () Change () Addition Name: BOEDECKER, JUD Name: Address: 1606 NORTH DR Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: () Delete Title: () Change () Addition BINDER, PAUL Name: Name: Address: 2249 FLORINDA ST Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: GATES, MARY ANN Name: 5069 TIMBER CHASE WAY Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: PAUL BINDER P 03/31/2004

() Change () Addition