

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07657

FILED
Apr 25, 2007
Secretary of State

Entity Name: HABITAT FOR HUMANITY SARASOTA, INC.

Current Principal Place of Business:

1757 EAST AVENUE N
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

1757 EAST AVENUE N
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 59-2495597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, MICHAEL ED
1757 EAST AVENUE N
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEACH, BROCK
Address: 5315 HIDDEN HARBOR RD
City-St-Zip: SARASOTA, FL 34242

Title: VPD () Delete
Name: SCHAUB, JOHN W III
Address: 2677 TAMiami TRAIL S
City-St-Zip: SARASOTA, FL 34239

Title: SD () Delete
Name: RIPLEY, LAURIN
Address: 5018 HIGEL AVE
City-St-Zip: SARASOTA, FL 34242

Title: TD () Delete
Name: RIPLEY, BOB
Address: 5018 HIGEL AVE
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: FARRELL, REID D
Address: 1703 BAY VIEW DR
City-St-Zip: SARASOTA, FL 34239

Title: D (X) Delete
Name: FELLER, RONALD W
Address: 4328 CAMINO MADERA
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FELLER, RONALD W
Address: 4328 CAMINO MADERA
City-St-Zip: SARASOTA, FL 34238

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: ROBERT RIPLEY

TD

04/25/2007

Electronic Signature of Signing Officer or Director

Date