

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07657

FILED
Apr 16, 2009
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:

1757 N EAST AVE
SARASOTA, FL 34234

Current Mailing Address:

1757 EAST AVENUE N
SARASOTA, FL 34234

New Mailing Address:

1757 N EAST AVE
SARASOTA, FL 34234

FEI Number: 59-2495597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUZA, ANTONE VPD
1757 EAST AVENUE N
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

SOUZA, ANTONE VPD
1757 N EAST AVE
SARASOTA, FL 34234 US

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:

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PORTANOVA, ZEB
Address: 1903 LINCOLN DR.
City-St-Zip: SARASOTA, FL 34236

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

Title: SD () Delete
Name: SCHEERLE, FRED
Address: 12335 HOLLYBUSH TERRACE
City-St-Zip: SARASOTA, FL 34202

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: WISH, PETER
Address: 1444 HARBOR DR
City-St-Zip: SARASOTA, FL 34239

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

Title: VPD () Change (X) Addition
Name: SOUZA, ANTONE
Address: 100 CENTRAL AVE
City-St-Zip: SARASOTA, FL 34236

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: ANTONE SOUZA

VPD

04/16/2009

Electronic Signature of Signing Officer or Director

Date