

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006088

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** HABITAT FOR MISSIONARIES INCORPORATED

**Current Principal Place of Business:**

912 W. 5TH ST.  
MARION, IN 46953

**New Principal Place of Business:**

**Current Mailing Address:**

912 W. 5TH ST.  
MARION, IN 46953

**New Mailing Address:**

**FEI Number:** 20-8128425

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OSBORNE, DEBRA L  
4350 DUHME RD.  
MADIERA BEACH, FL 33708 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:** DIR  
**Name:** FOSTER, WILLIAM D  
**Address:** 912 W. 5TH ST.  
**City-St-Zip:** MARION, IN 46953

**Title:** TR  
**Name:** FOSTER, DAPHNE E  
**Address:** 912 W. 5TH ST.  
**City-St-Zip:** MARION, IN 46953

**Title:** CH B  
**Name:** JOHNSON, RANDALL  
**Address:** 285 HARVEST LANE  
**City-St-Zip:** HOLLAND, MI 49423

**Title:** MEM  
**Name:** HARRIS, GLENN  
**Address:** 21 21ST ST. NORTH  
**City-St-Zip:** BATTLE CREEK, MI 49015

**Title:** SEC  
**Name:** HARRIS, ROBERT  
**Address:** APT. 907 899 S, PLYMOUTH CT.  
**City-St-Zip:** CHICAGO, IL 60605

I hereby 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 all other like empowered.

**SIGNATURE:** DAPHNE FOSTER

TR

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date