

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004941

FILED
Mar 26, 2012
Secretary of State

Entity Name: HABITAT FOR CHILDREN MINISTRIES.INC

Current Principal Place of Business:

3131 VILLAGE BLVD
204
WST PALM BEACH, FL 33409

New Principal Place of Business:

1648 CROOKED STICK WAY
GREENACRES, FL 33413

Current Mailing Address:

3131 VILLAGE BLVD
204
WST PALM BEACH, FL 33409

New Mailing Address:

1648 CROOKED STICK WAY
GREENACRES, FL 33413

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST.AMOUR, MESCHAC
3131 VILLAGE BLVD
204
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

ST.AMOUR, MESCHAC
1648 CROOKED STICK WAY
GREENACRES, FL 33413 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: MESCHAC ST.AMOUR

03/26/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ST.AMOUR, MESCHAC
Address: 1648 CROOKED STICK WAY
City-St-Zip: GREENACRES, FL 33413

Title: VP
Name: GINY, DAVID
Address: 1648 CROOKED STICK WAY
City-St-Zip: GREENACRES, FL 33413

Title: T
Name: BRUCE, SAMANTHA
Address: 1648 CROOKED STICK WAY
City-St-Zip: GREENACRES, FL 33413

Title: M
Name: FRANCOIS, MIKELANGE
Address: 1648 CROOKED STICK WAY
City-St-Zip: GREENACRES, FL 33413

Title: M
Name: VAL, POLES
Address: 1648 CROOKED STICK WAY
City-St-Zip: GREENACRES, FL 33413

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: MESCHAC ST.AMOUR

P

03/26/2012

Electronic Signature of Signing Officer or Director

Date