FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:02

DOCUMENT # N14993 (2)

1. Corporation Name

HABITAT FOR HUMANITY OF GREATER ORLANDO AREA, IN C.

Principal Place of Business	Mailing Address
4640 S ORANGE BLOSSOM TR STE 305 ORLANDO FL 32839 US	4640 S. ORANGE BLOSSOM TRAIL SUITE 305 ORLANDO FL 32839 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1986
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2789167 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WOLFE, PAUL D.
4640 S. ORANGE BLOSSOM TRAIL
SUITE 305
ORLANDO FL 32839

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

X SIGNATURE: Paul D Wolfe
Signature, typed or printed name of registered agent and, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/D	☑ Change ☐ Addition
NAME	TOLAND, DENISE	12 NAME	Steve Quello	
STREET ADDRESS	111 N ORANGE AVE, STE 600	13 STREET ADDRESS	411 Sheridan Blvd.	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, FL 32804	
TITLE	SD	21 TITLE	V/D	☑ Change ☐ Addition
NAME	FREEMAN, NANCY	22 NAME	David Williford	
STREET ADDRESS	1751 CHOCTAW TR	23 STREET ADDRESS	215 N. Eola Drive	
CITY-ST-ZIP	MAITLAND FL	24 CITY-ST-ZIP	Orlando, FL 32801	
TITLE	TD	31 TITLE	T/D	☑ Change ☐ Addition
NAME	HENSON, JORDY	32 NAME	Mary Margaret Crump	
STREET ADDRESS	4018 SHORECREST DRIVE	33 STREET ADDRESS	109 W. Yale Street	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, FL 32804	
TITLE	VD	41 TITLE	S/D	☑ Change ☐ Addition
NAME	QUELLO, STEVE	42 NAME	Julie Washburn	
STREET ADDRESS	411 SHERIDAN BLVD.	43 STREET ADDRESS	2300 Lauderdale Ct.	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	Orlando, FL 32805	
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	WASHBURN, JULIE	52 NAME		
STREET ADDRESS	2300 LAUDERDALE CT	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1	
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stanley R. Stoll 4/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0034732