FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

5/28/96 B-96614 C

FILED
May 28 1996 8:00 am
Secretary of State

DOCUMENT # N14993 (2)

1. Corporation Name

HABITAT FOR HUMANITY OF GREATER ORLANDO AREA, INC.

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

3. Date Incorporated or Qualified: 05/20/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 808 W. Central Blvd.
Suite, Apt. #, etc. 22
City & State 23 Orlando, FL
Zip 24 32805 Country 25

2a. Mailing Address
26 808 W. Central Blvd.
Suite, Apt. #, etc. 27
City & State 28 Orlando, FL
Zip 29 32805 Country 30

4. FEI Number: 59-2789167 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

81 Name: Harald M. Beardall
82 Street Address (P.O. Box Number is Not Acceptable): 808 W. Central Blvd.
83
84 City: Orlando FL 85 Zip Code: 32805

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] Executive Director 5/20/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOLAND, DENISE 111 N ORANGE AVE, STE 600 ORLANDO FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D David Williford 215 N. Eola Drive Orlando, FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILLIFORD, DAVID 215 N EOLA DR ORLANDO FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/D Steve Price 39 W. Pine St Orlando, Fl 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CRUMP, MARY MARGARET 109 W YALE ST ORLANDO FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T/D Lynne Smith 201 E. Pine St., Ste. 801 Orlando, FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WASHBURN, JULIE 2300 LAUDERDALE CT ORLANDO FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S/D/V Julie Washburn 2300 Lauderdale Ct. Orlando, FL 32805	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WASHBURN, JULIE 2300 LAUDERDALE CT ORLANDO FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: [signature] STEPHEN H. PRICE 5/24/96 (407) 422-5154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #