FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(2)

HABITAT FOR HUMANITY OF GREATER ORLANDO AREA, IN

FILED Feb 05 1998 8:00am Secretary of State

107-425-0806

U.				
Principal Pla	ce of Business	Mailing Address		
808 WEST CE ORLANDO FL	NTRAL BOULEVARD	808 WEST CENTRAL BOULE	EVARD	3. Date Incorporated or Qualified
US CALLADO PE	32003	ORLANDO FL 32905 US		05/20/1986
				4. FEI Number Applied For
A Date of the				59-2789167 Not Applicable
-	Place of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional
Sulte, Api	# 410	26 Suite And # -15		Fee Required
22	. #, 5 (0.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & Sta	ite	City & State		Trust Fund Contribution Added to Fees
23		28		7. Is this nonprofit corporation a homeowners association?
Ζiρ	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren			10. Name and Address of New Registered Agent
			81 Name	CHRIS JEPSON
L ob oguerrero, mariana			82 Street	Addition 15 O. P. Harris and A. Harris and A
808 WEST CENTRAL BOULEVARD				BOS WEST CENTRY BO> les 42
ORLANI	DO FL 32805		83	
			B4 City	SOLA N. 85 Zip Code
44 0				7K/WW FI 32865
office or	to the provisions of Sections 617.0502 regimered agent, or both, in the State i	2 and 617.1508, Florida Statute of Florida: Such change was a	is, the above-named uthorized by the both	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accord the appointment as registered
agent. I	ary landillar with, and accept the obliga-		rida Statutes	and the state of t
SIGNATURE	Signature, typed or printed name of registered ager	Elzon	: Registered Agent Signature	Jeka- 12 30-78
12.	OFFICERS AND	DIRECTORS (NOTE:	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change Addition
NAME	PRICE, STEVE		1.2 NAME	DAVIDSON, SCOTT
STREET ADORESS	39 W. PINE ST.		1.3 STREET ADDRESS	8008 S. ORANGE AVE.
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	VD	DELETE		VD Change Addition
NAME	DAVIDSON, SCOTT			JESSEN, PAUL
STREET ADDRESS	8008 S. ORANGE AVE.		2.3 STREET ADDRESS	6300 HWY 17-42
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY+ST+ZIP	FERN PARK, FL 32730
TITLE	10	DELETE		TD hange Addition
NAME	SMITH, LYNNE		3.2 NAME	MCNUT, IRENE,
STREET ADDRESS	201 E PINE ST., STE 801		3.3 STREET ADDRESS	2012 PAIN LANE
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP	DRLANDO, FL 32826
TITLE	SDV	☐ DELETE	4.1 TITLE	Change Addition
NAME	WASHBURN, JULIE		4. 2 NAME	
STREET ADORESS	2300 LAUDERDALE CT		4.3 STREET ADDRESS	
CITY+ST-ZIP Title	ORLANDO FL	Delete	4.4 CITY - ST - ZIP	
		☐ DELETÉ	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP	
NAME		T NETELE	6.1 TITLE 6.2 NAME	Change Addition

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Julie R. Washburn