## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N14993

FILED May 14, 2009 Secretary of State

Entity Name: HABITAT FOR HUMANITY OF GREATER ORLANDO AREA, INC.

Current	Principal Place	e of Business:	New Principal Pla	ace of Business:
	YLOR BLVD O, FL 32804	US		
Current N	Mailing Addres	ss:	New Mailing Add	ress:
	YLOR BLVD O, FL 32804	US		
In accordar		FEI Number Applied For() 3(2)(b), F.S., the corporation did Current Registered Agent:		Certificate of Status Desired (X) ss of New Registered Agent:
1925 TRA ORLAND	ER, DEIDRE L YLOR BLVD O, FL 32804	US	purpose of changing its regis	tored office or registered agent, or both
	te of Florida.	שנו של היים של היים היים היים היים היים היים היים היי	e purpose or changing its regis	tered office or registered agent, or both,
SIGNATU	IRE:			
	Electron	nic Signature of Registered <i>F</i>	gent	Date
			-	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHA	NGES TO OFFICERS AND DIRECTOR:
Title: Name: Address:		) Delete S, THOMAS COVE ST	ADDITIONS/CHA  Title: Name: Address: City-St-Zip:	NGES TO OFFICERS AND DIRECTOR:
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD ( KARASTAMATI 2861 CEDENA ORLANDO, FL  VP ( MARTINEZ, JC	) Delete S, THOMAS COVE ST 32817 ) Delete AQUIN RTH TERRACE	Title: Name: Address:	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	PD ( KARASTAMATI 2861 CEDENA ORLANDO, FL  VP ( MARTINEZ, JO 844 KENILWO ORLANDO, FL	) Delete S, THOMAS COVE ST 32817 ) Delete AQUIN RTH TERRACE 32803 ) Delete EIDRE L R BLVD	Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition
OFFICER Title: Name: Address: City-St-Zip: City-St-Zip:	PD ( KARASTAMATI 2861 CEDENA ORLANDO, FL  VP ( MARTINEZ, JC 844 KENILWO ORLANDO, FL  VP ( DANMEYER, D 1925 TRAYLOI ORLANDO, FL	) Delete S, THOMAS COVE ST 32817  ) Delete AQUIN RTH TERRACE 32803  ) Delete EIDRE L R BLVD 32804  ) Delete COTT P PLACE	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEIDRE L. DANMEYER VP 05/14/2009