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

APPROVED AND FILED
95 APR -7 AM 11: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15156 (5)

1. Corporation Name

HALIFAX HABITAT FOR HUMANITY, INC.

Principal Place of Business	Mailing Address
524 S. BEACH ST. BOX C DAYTONA BEACH FL 32114	524 S. BEACH ST. BOX C DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/29/1986
3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-2687200 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 524 South Beach Street	26 524 South Beach Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Daytona Beach, Florida	City & State 28 Daytona Beach, Florida
Zip 24 32114 — Country 25 Volusia	Zip 29 32114 — Country 30 Volusia

5. Certificate of Status Desired ☐ — **$8.75** 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

9. Name and Address of Current Registered Agent

STRASSER, BERNARD H.
116 EAST GRANADA BLVD.
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 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.

SIGNATURE ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	ALHANESE, ANNE S. *Delete*	1.2 NAME	BOUCHARD, RAYMOND
STREET ADDRESS	122 AZOLIA DRIVE	1.3 STREET ADDRESS	45 BANYAN DRIVE
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	D	2.1 TITLE	V/D ☒ Change ☐ Addition
NAME	GRENEMAN, RAY	2.2 NAME	STRASSER, BERNARD H.
STREET ADDRESS	6 CREEKRIDGE COURT	2.3 STREET ADDRESS	116 E. GRANADA BLVD.
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	TD	3.1 TITLE	T/D ☒ Change ☐ Addition
NAME	FRANCIS, HAL	3.2 NAME	FRANCIS, HAROLD
STREET ADDRESS	5970 PARK RIDGE DRIVE	3.3 STREET ADDRESS	5970 PARKRIDGE DRIVE
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	VPD	4.1 TITLE	D ☒ Change ☐ Addition
NAME	STRASSER, BERNARD	4.2 NAME	JAMES E. PHILLIPS
STREET ADDRESS	116 E. GRANDA BLVD.	4.3 STREET ADDRESS	20 TOMOKA VIEW DRIVE
CITY-ST-ZIP	ORMOND BCH FL	4.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	BAUCHARD, RAY	5.2 NAME	BRENEMAN, RAY DELL
STREET ADDRESS	45 BANYAN	5.3 STREET ADDRESS	6 CREEKSBRIDGE COURT
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	ANAPAL, EVA	6.2 NAME	MIDDLETON, CLARENCE V.
STREET ADDRESS	1410 S. PALMETTO, #709	6.3 STREET ADDRESS	1735 South Palmetto Avenue
CITY-ST-ZIP	DAYTONA BEACH FL	6.4 CITY-ST-ZIP	SOUTH DAYTONA, FL 32119

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: *Raymond P Bouchard* — *4/3/95* — *904-257-9750*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #