

**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

4/9/96:  
\$61.25 deposited by bank.

DOCUMENT # N15156 (5)

1. Corporation Name

HALIFAX HABITAT FOR HUMANITY, INC.



Principal Place of Business

Mailing Address

524 SOUTH BEACH STREET  
DAYTONA BEACH FL 32114  
US

524 S. BEACH ST.  
DAYTONA BEACH FL 32114  
US

3. Date Incorporated or Qualified  
05/29/1986

3a. Date of Last Report  
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2687200

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Bernard H. Strasser

82

Street Address (P.O. Box Number is Not Acceptable)

235 Riverside Drive

83

84 City

Ormond Beach

FL

85 Zip Code

32176

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 officer 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*Raymond P. Bouchard* Bernard H. Strasser 2/27/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD BOUCHARD, RAYMOND  DELETE  
NAME BOUCHARD, RAYMOND  
STREET ADDRESS 45 BANYAN DRIVE  
CITY-ST-ZIP ORMOND BEACH FL 32176

1.1 TITLE  Change  Addition  
1.2 NAME BOUCHARD, RAYMOND  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD STRASSER, BERNARD H  DELETE  
NAME STRASSER, BERNARD H  
STREET ADDRESS 116 E. GRANADA BLVD.  
CITY-ST-ZIP ORMOND BEACH FL 32176

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD FRANCIS, HAROLD  DELETE  
NAME FRANCIS, HAROLD  
STREET ADDRESS 5970 PARKRIDGE DRIVE  
CITY-ST-ZIP PORT ORANGE FL

3.1 TITLE TD MARIAN GIBSON  Change  Addition  
3.2 NAME MARIAN GIBSON  
3.3 STREET ADDRESS 524 SO. BEACH STREET  
3.4 CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE D PHILLIPS, JAMES E  DELETE  
NAME PHILLIPS, JAMES E  
STREET ADDRESS 20 TOMOKA VIEW DRIE  
CITY-ST-ZIP ORMOND BCH FL 32174

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D BRENEMAN, RAYDELL  DELETE  
NAME BRENEMAN, RAYDELL  
STREET ADDRESS 6 CREEKSBRIDGE COURT  
CITY-ST-ZIP ORMOND BEACH FL 32174

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D MIDDLETON, CLARENCE V  DELETE  
NAME MIDDLETON, CLARENCE V  
STREET ADDRESS 1735 SOUTH PALMETTO AVENUE  
CITY-ST-ZIP DAYTONA BEACH FL 32119

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS SOUTH DAYTONA FL 32119 4-1596  
6.4 CITY-ST-ZIP JR

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Raymond P. Bouchard* President 3/1/96 904

CR2E037 (12/95)