

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15156** (5)
1. Corporation Name
HALIFAX HABITAT FOR HUMANITY, INC.



Principal Place of Business 524 SOUTH BEACH STREET DAYTONA BEACH FL 32114 US	Mailing Address 524 S. BEACH ST. DAYTONA BEACH FL 32114-5049 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/29/1986	3a. Date of Last Report 04/15/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2687200	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STRASSER, BERNARD H. 235 RIVERSIDE DR. ORMOND BEACH FL 32176		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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHAD, RAYMOND	1.2 NAME	Bouchard, Raymond
STREET ADDRESS	45 BANYAN DRIVE	1.3 STREET ADDRESS	45 Banyan Drive
CITY-ST-ZIP	ORMOND BEACH FL 32176	1.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRASSER, BERNARD H	2.2 NAME	
STREET ADDRESS	116 E. GRANADA BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, MARIAN	3.2 NAME	Dr. Charles Morry
STREET ADDRESS	524 SO. BEACH ST.	3.3 STREET ADDRESS	501 N. Wild Olive
CITY-ST-ZIP	DAYTONA BEACH FL 32114	3.4 CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, JAMES E	4.2 NAME	
STREET ADDRESS	20 TOMOKA VIEW DRIE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL 32174	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENEMAN, RAYDELL	5.2 NAME	Ava Lamar
STREET ADDRESS	6 CREEKSBRIDGE COURT	5.3 STREET ADDRESS	944 S. Peninsula Dr., #207
CITY-ST-ZIP	ORMOND BEACH FL 32174	5.4 CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLETON, CLARENCE V	6.2 NAME	
STREET ADDRESS	1735 SOUTH PALMETTO AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA BEACH FL 32119	6.4 CITY-ST-ZIP	

CR2E037 (9/96)

4. I do 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

SIGNATURE: Raymond P. Bouchard 5/1/97