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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:39

DOCUMENT # N15996 (4)

1. Corporation Name
MARTIN - ST. LUCIE HABITAT FOR HUMANITY, INC.

Principal Place of Business	Mailing Address
183 SW MONTEREY RD STUART FL 34994 US	183 SW MONTEREY RD STUART FL 34994 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1986
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2816698 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

CLEVELAND, DAVID
210 S INDIAN DRIVE
FT PIERCE FL 34950

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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	CLEVELAND, DAVID	1.2 NAME		
STREET ADDRESS	210 S INDIAN RIVER DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	RIGGS, DORIS	2.2 NAME	Schuler, Jack	
STREET ADDRESS	320 EGRET PLACE	2.3 STREET ADDRESS	P.O. Box 2451	
CITY-ST-ZIP	STURAT FL	2.4 CITY-ST-ZIP	Stuart, FL 34995	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	IRWIN, BECKY	3.2 NAME		
STREET ADDRESS	4516 SW BIMINI CIR	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	BEANS, MICHELLE	4.2 NAME		
STREET ADDRESS	54 MEAD PLACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HAYES, MICHAEL	5.2 NAME		
STREET ADDRESS	3744 SW QUIAL MEADOW TR UNIT D	5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	Affiliate Manager	☐ Change ☒ Addition
NAME		6.2 NAME	James J. Anthony, III	
STREET ADDRESS		6.3 STREET ADDRESS	217 Oriole Avenue	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Stuart, FL 34996	

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)(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: Michelle Beans Michelle Beans 2/4/95 407-286-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070620