FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90099 011 ****61.25

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DOCUMENT # **N15996**

1. Corporation Name

HABITAT FOR HUMANITY OF MARTIN COUNTY, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 07/22/1986

4. FEI Number: 59-2816698 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DECKERT, JANET 183 SW MONTEREY ROAD STUART FL 34994	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 _____ 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DECKERT, JANET		1.2 NAME		
STREET ADDRESS	2296 SW FOXPOINT WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOODNESS, JOHN		2.2 NAME	V.P. John Goodness	
STREET ADDRESS	166 NE BRACKEN DRIVE		2.3 STREET ADDRESS	166 NE Bracken Drive	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		2. 4 CITY-ST-ZIP	Port St Lucie, Fl.34983	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRAYBROOK, NORMA		3.2 NAME		
STREET ADDRESS	3166 NW SUNSET TRACE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		3.4. CITY-ST-ZIP		
TITLE	TD	☑ DELETE	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	BALSAMO, FRANK		4. 2 NAME	Mary Hutchinson	
STREET ADDRESS	1132 WILLOW LANE		4.3 STREET ADDRESS	902 St. Lucie Cres.	
CITY-ST-ZIP	PALM CITY FL 34990		4.4 CITY-ST-ZIP	Stuart, Fl..34994	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAYS, DON		5.2 NAME		
STREET ADDRESS	6993 RIVERBOAT DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34897		5.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ANTHONY, III J		6.2 NAME		
STREET ADDRESS	217 ORIOLE AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Sec. MAY 1-99 221.8927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #