

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15996

1. Entity Name

HABITAT FOR HUMANITY OF MARTIN COUNTY, INC.

Principal Place of Business

183 SW MONTEREY RD
STUART FL 34994
US

Mailing Address

183 SW MONTEREY RD
STUART FL 34994-4641
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DECKERT, JANET
183 SW MONTEREY ROAD
STUART FL 34994

4. FEI Number

59-2816698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Janet S. Deckert - President - Janet L. Deckert

1/27/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	DECKERT, JANET	
STREET ADDRESS	2296 SW FOXPOINT WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VP	☐ Delete
NAME	GOODNESS, JOHN	
STREET ADDRESS	166 NE BRACKEN DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	SD	☐ Delete
NAME	BRAYBROOK, NORMA	
STREET ADDRESS	3166 NW SUNSET TRACE CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	TD	☒ Delete
NAME	HUTCHINSON, MARY	
STREET ADDRESS	902 ST. LUCIE CRES.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	☐ Delete
NAME	HAYS, DON	
STREET ADDRESS	6993 RIVERBOAT DRIVE	
CITY-ST-ZIP	STUART FL 34897	
TITLE	M	☐ Delete
NAME	ANTHONY, III J	
STREET ADDRESS	217 ORIOLE AVE	
CITY-ST-ZIP	STUART FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	RAY IVERS	
STREET ADDRESS	7240 S.E. MAGELLAN LANE	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet S. Deckert*

Janet S. Deckert - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/2000

CR2E037 (9/99)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90048 043 ****61.25



DO NOT WRITE IN THIS SPACE