2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# N15996

Entity Name: HABITAT FOR HUMANITY OF MARTIN COUNTY, INC.

Current Principal Place of Business:

183 SW MONTEREY RD
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

183 SW MONTEREY RD
STUART, FL 34994 US

New Mailing Address:

FEI Number: 59-2816698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, MARTHA A
183 SW MONTEREY ROAD
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: HOSLER, JOHN C
Address: 3641 NE SUGARHILL AV
City-St-Zip: JENSEN BEACH, FL 34957

Title: SD ( ) Delete
Name: WOOD, LARRS 7527
Address: JAMAICAN
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: LEWIS, WALLY
Address: 5203 SWEET BRIAR
City-St-Zip: HOBE SOUND, FL 33455

Title: VD ( ) Delete
Name: MILLER, M.
Address: 2389 OAK RIDGE RD.
City-St-Zip: PALM CITY, FL 34990

Title: VD (X) Delete
Name: SMITHERS, HENRY
Address: 5207 SE SEAISLAND WAY
City-St-Zip: STUART, FL 34997

Title: MD (X) Delete
Name: ANTHONY, III J
Address: 217 ORIOLE AVE
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: MILLER, MARTHA A
Address: 2389 OAK RIDGE RD
City-St-Zip: PALM CITY, FL 34990

Title: VP/D (X) Change ( ) Addition
Name: WOOD, CURTIS
Address: 7527 JAMAICAN COURT
City-St-Zip: HOBE SOUND, FL 33455

Title: T/D (X) Change ( ) Addition
Name: PERKINS, DONNA
Address: 183 SW MONTEREY RD
City-St-Zip: STUART, FL 34994

Title: S/D (X) Change ( ) Addition
Name: SMITH, LINDA
Address: 183 SW MONTEREY RD
City-St-Zip: STUART, FL 34994

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA PERKINS T/D 01/07/2004
Electronic Signature of Signing Officer or Director Date