2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 21, 2009
Secretary of State

DOCUMENT# N15996

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

Current Principal Place of Business:

2555 SE BONITA STREET
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

2555 SE BONITA STREET
STUART, FL 34997 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:

REILLY, MICHELE E
2555 SE BONITA STREET
STUART, FL 34997 US

Name and Address of New Registered Agent:

GRAFF, MARGOT
2555 SE BONITA STREET
STUART, FL 34997 US

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: MARGOT GRAFF 09/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: SELDOMRIDGE, BOB
Address: 2000 NE JENSEN BEACH BLVD
City-St-Zip: JENSEN BEACH, FL 34957

Title: PD ( ) Delete
Name: PITKIN, STEPHEN H
Address: 1480 EAST 13TH ST.
City-St-Zip: STUART, FL 34996

Title: SD ( ) Delete
Name: ETELSON, DORIS C
Address: 6877 SW 48TH AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: TD ( ) Delete
Name: WOODS, MARTIN R
Address: 701 COLORADO AVE
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: LACONTE, PATRICK J
Address: 350 SW CORPORATE PKWY
City-St-Zip: PALM CITY, FL 34990

Title: PD (X) Change ( ) Addition
Name: HOUSTON, MICHAEL
Address: 2400 SE FEDERAL HWY
City-St-Zip: STUART, FL 34997

Title: SD (X) Change ( ) Addition
Name: BOLAND, KATE
Address: 5600 SE WINGED FOOT DR
City-St-Zip: STUART, FL 34997

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARTIN WOODS TD 09/21/2009
Electronic Signature of Signing Officer or Director Date