

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 30, 2012
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:**GRAFF, MARGOT
2555 SE BONITA STREET
STUART, FL 34997 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: PD
Name: LACONTE, PATRICK J
Address: 3933 SE FAIRWAY EAST
City-St-Zip: STUART, FL 34997 US

Title: VD
Name: FIORE, ROCCO
Address: 7054 SE BAY HILL DRIVE
City-St-Zip: STUART, FL 34997 US

Title: SD
Name: FRICKE, MELISSA
Address: 800 SE MONTEREY COMMONS BLVD
City-St-Zip: STUART, FL 34996 US

Title: TD
Name: ROY, ROBERT
Address: 8916 ONE PUTT PLACE
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: ATD
Name: BROCK, DEBORAH
Address: 7599 SE BELLE MAISON
City-St-Zip: STUART, FL 34997 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT ROY

TD

11/30/2012

Electronic Signature of Signing Officer or Director

Date