

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

25 JUN - 1 11 AM '87

DOCUMENT # **N19679** (2)
1. Corporation Name
TAMPA HABITAT FOR HUMANITY, INC.

Principal Place of Business Mailing Address
1806 19TH AVENUE TAMPA FL 33605 US **P. O. BOX 76024 TAMPA FL 33675 US**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **03/16/1987** 3a. Date of Last Report **02/10/1994**
4. FEI Number **59-2850410** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **504 E. PARIS ST** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State 27
TAMPA, FL City & State
23
Zip 28
33604 Country 29 **US** Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LANE, BARBARA
4537 W. SWANN AVE.
TAMPA FL 33609**

10. Name and Address of New Registered Agent
81 Name **CHERYL J. SMALL**
82 Street Address (P.O. Box Number, Not Applicable) **504 E. PARIS ST**
83
84 City **TAMPA** FL 85 Zip Code **33604**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Cheryl J. Small* **Pres./Executive Director** **25 May '95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SALOMON, TIM
STREET ADDRESS	4803 LUMB AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	VD
NAME	COLLINS, GEORGE
STREET ADDRESS	4416 BARSDALE DRIVE
CITY - ST - ZIP	PALM HARBOR FL
TITLE	SD
NAME	BADLY III, ANDERSON L
STREET ADDRESS	4503 BAY TO BAY BLVD
CITY - ST - ZIP	TAMPA FL
TITLE	TD
NAME	KUGELMANN
STREET ADDRESS	P.O. BOX 3303 <i>JK</i>
CITY - ST - ZIP	TAMPA FL
TITLE	VD
NAME	GIRSON, ROGER
STREET ADDRESS	WFLA TV 905 EAST JACKSON
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Kugelmann, Peter
13 STREET ADDRESS	P.O. Box 3303 <i>JK</i>
14 CITY - ST - ZIP	TAMPA, FL 33601
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Bob Niehaus
33 STREET ADDRESS	5502 BAYWATER DR
34 CITY - ST - ZIP	TAMPA, FL 33615
41 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Francis de la Merandiere
43 STREET ADDRESS	801 W. PARK AVE
44 CITY - ST - ZIP	TAMPA, FL 33602
51 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	MIKE GILMORE
53 STREET ADDRESS	208 COMANCHE
54 CITY - ST - ZIP	TAMPA, FL 33604
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	CHERYL J. SMALL
63 STREET ADDRESS	PO BOX 76024 <i>JK</i>
64 CITY - ST - ZIP	TAMPA FL 33675

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or in an attachment with an address.

SIGNATURE: *Cheryl J. Small* **CHERYL J. SMALL** **25 May '95** (B3) 239-2442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Initials/Last 4