

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N19679** (2)

1. Corporation Name  
**TAMPA HABITAT FOR HUMANITY, INC.**



Principal Place of Business  
**504 E PARIS ST  
TAMPA FL 33604  
US**

Mailing Address  
**P. O. BOX 76024  
TAMPA FL 33675  
US**

3. Date Incorporated or Qualified **03/16/1987**      3a. Date of Last Report **06/01/1995**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip      Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip      Country  
29

4. FEI Number **59-2850410**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SMALL, CHERYL J  
504 E PARIS ST  
TAMPA FL 33604**

10. Name and Address of New Registered Agent  
81 Name **Bob Niehaus; President**  
82 Street Address (P.O. Box Number is Not Acceptable) **504 East Paris Street**  
83  
84 City **Tampa, FL**      85 Zip Code **33604**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Bob Niehaus, President*      DATE **3/11/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	CD	1.1 TITLE	Chairman (CD)
NAME	KUGELMAN, PETE	1.2 NAME	(N/A)
STREET ADDRESS	P O BOX 3303	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	Vice-Chairman (VD)
NAME	COLLINS, GEORGE	2.2 NAME	Girson, Roger
STREET ADDRESS	4416 BARSDALE DRIVE	2.3 STREET ADDRESS	905 E. Jackson Street
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	SD	3.1 TITLE	Secretary (SD)
NAME	NIEBAUS, BOB	3.2 NAME	Anderson, Donna-Lee
STREET ADDRESS	5502 BAYWATER DR	3.3 STREET ADDRESS	P.O. Box 23602 (N/A)
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33623
TITLE	TD	4.1 TITLE	Haedike, Art (Treasurer) (TD)
NAME	DE LA MENARDIERE, FRANCOIS	4.2 NAME	
STREET ADDRESS	801 W PARK AVE	4.3 STREET ADDRESS	4827 San Miguel
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	VD	5.1 TITLE	President (PD)
NAME	GILMORE, MIKE	5.2 NAME	Niehaus, Bob
STREET ADDRESS	208 COMANETTE	5.3 STREET ADDRESS	5502 Baywater Drive
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33615
TITLE	P	6.1 TITLE	000001798720
NAME	SMORR, CHERYL I	6.2 NAME	-04/29/96--01047--006
STREET ADDRESS	P O BOX 76024	6.3 STREET ADDRESS	***70.00
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bob Niehaus; President*      DATE **3/13/96**      Daytime Phone **813/239-2242**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)