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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 33675-1024, US

3. Date Incorporated or Qualified: 03/16/1987  
3a. Date of Last Report: 04/28/1996  
4. FEI Number: 59-2850410  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent  
NIEHAUS, BOB YL J  
504 E PARIS ST  
TAMPA FL 33604

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input type="checkbox"/> DELETE
NAME	KUGELMAN, PETE	
STREET ADDRESS	P O BOX 3303 N/A	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GIRSON, ROGER	
STREET ADDRESS	905 E JACKSON ST	
CITY - ST - ZIP	TAMPA FL 33602	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANDERSON, DONNA-LEE	
STREET ADDRESS	P.O. BOX 23602 N/A	
CITY - ST - ZIP	TAMPA FL	
TITLE	<i>Vice Chairman</i>	<input type="checkbox"/> DELETE
NAME	HAEDIKE, ART	
STREET ADDRESS	4827 SAN MIGUEL	
CITY - ST - ZIP	TAMPA FL 33629	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NIEHAUS, BOB	
STREET ADDRESS	5502 BAYWATER DR	
CITY - ST - ZIP	TAMPA FL 33615	
TITLE	<i>Treasurer</i>	<input type="checkbox"/> DELETE
NAME	<i>Bob Blonde L</i>	
STREET ADDRESS	<i>918 Buseh Blvd.</i>	
CITY - ST - ZIP	<i>Tampa, FL 33612</i>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<i>Vice Chairman</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any attachment with an address.

SIGNATURE: *Bob Niehaus - President* DATE: *1/17/97* DAYTIME PHONE: *813-239-2242*

CR2E037 (9/96)