

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19679 (2)**  
1. Corporation Name  
**TAMPA HABITAT FOR HUMANITY, INC.**



Principal Place of Business		Mailing Address	
504 E PARIS ST TAMPA FL 33604 US		P. O. BOX 76024 TAMPA FL 33675 US	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
23	24	28	29
Zip	Country	Zip	Country
25	30		

3. Date Incorporated or Qualified  
**03/16/1987**

4. FEI Number  
**59-2850410**

Applied For	Not Applicable
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**NIHAUS, 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

**FL**

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, Secretary DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	KUGELMAN, PETE	
STREET ADDRESS	P O BOX 3303 N/A	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, DONNA-LEE	
STREET ADDRESS	P.O. BOX 23602 N/A	
CITY-ST-ZIP	TAMPA FL	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	HAEDIKE, ART	
STREET ADDRESS	4827 SAN MIGUEL	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NIHAUS, BOB	
STREET ADDRESS	5502 BAYWATER DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BLONDE, BOB	
STREET ADDRESS	918 BUSCH BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Art Haedike	
1.3 STREET ADDRESS	4827 San Miguel	
1.4 CITY-ST-ZIP	Tampa, FL 33629	
2.1 TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bob Pause	
2.3 STREET ADDRESS	770 1/2 Highwater Dr.	
2.4 CITY-ST-ZIP	New Port Richey, FL 34655	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marnie Maxwell	
3.3 STREET ADDRESS	PO Box 4545	
3.4 CITY-ST-ZIP	Clearwater, FL 34618	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bob Niehaus	
4.3 STREET ADDRESS	5502 Baywater Dr.	
4.4 CITY-ST-ZIP	Tampa, FL 33615	
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 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 an attachment with an address

SIGNATURE: Bob Niehaus, Secretary 2/14/98 (813) 239-2242

CR2E037 (10/97)