


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

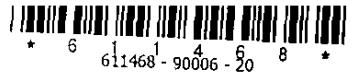
**FILED**  
**Sep 01, 1999 8:00 am**  
**Secretary of State**

09-01-1999 90006 020 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19679**

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
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2. Principal Place of Business 21	2a. Mailing Address 26 <b>504 E PARIS STREET</b>	3. Date incorporated or Qualified <b>03/16/1987</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2850410</b>
City & State 23	City & State 28 <b>TAMPA, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
Zip 29 <b>33604</b>	Country 30 <b>USA</b>	

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 **P. LEWIS FRAZAR**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**504 E. 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 *[Signature]* DATE **8/2/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>HAEDIKE, ART</b>	
STREET ADDRESS	<b>4827 SAN MIGUEL</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAUSE, BOB</b>	
STREET ADDRESS	<b>7708 HIGHWATER DR</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAEDIKE, ART</b>	
STREET ADDRESS	<b>4827 SAN MIGUEL</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>NIEHAUS, BOB</b>	
STREET ADDRESS	<b>5502 BAYWATER DR</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAXWELL, MARNIE</b>	
STREET ADDRESS	<b>P.O. BOX 4545 N/A</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34618</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JAMES BAILEY</b>
2.3 STREET ADDRESS	<b>3909 SHORESIDE CIR</b>
2.4 CITY-ST-ZIP	<b>TAMPA, FL 33624</b>
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	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ROGER GIRON</b>
4.3 STREET ADDRESS	<b>905 E JACKSON STREET</b>
4.4 CITY-ST-ZIP	<b>TAMPA, FL 33602</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>TREASURER</b>
5.3 STREET ADDRESS	<b>GEORGE HERBARD</b>
5.4 CITY-ST-ZIP	<b>P.O. BOX 236</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>LITHIA, FL 33547</b>
6.3 STREET ADDRESS	<b>D</b>
6.4 CITY-ST-ZIP	<b>P. LEWIS FRAZAR</b>
	<b>1014 E. HENRY AVENUE</b>
	<b>TAMPA, FL 33604</b>

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, with all other like empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED**

CR2E037 (5/99)