

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

03-24-2000 90120 021 ****61.25

DOCUMENT # N19679

1. Entity Name

TAMPA HABITAT FOR HUMANITY, INC.

Principal Place of Business

Mailing Address

**504 E PARIS ST
 TAMPA FL 33604
 US**

**504 E PARIS ST
 TAMPA FL 33604-8757
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2850410

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRAZAR, P. LEWIS
 504 E PARIS ST
 TAMPA FL 33604**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	HAEDKE, ART	
STREET ADDRESS	4827 SAN MIGUEL	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, JAMES	
STREET ADDRESS	3909 SHORESIDE CIR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GIRSON, ROGER	
STREET ADDRESS	905 E JACKSON ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEBBARD, GEORGE	
STREET ADDRESS	PO BOX 238	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAZAR, P. LEWIS	
STREET ADDRESS	1014 E. HENRY AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger Girson	
STREET ADDRESS	1014 Hallwood Loop	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shelley Shannon	
STREET ADDRESS	307-A Como	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/00 813-239-2202

Date

Daytime Phone #

CB02017 01/02/01