

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90056 018 \*\*\*\*61.25

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**DOCUMENT # N25547**

1. Corporation Name

**SPACE COAST HABITAT FOR HUMANITY, INC.**

94260 · 90056 · 18

Principal Place of Business  
P.O. BOX 154  
TITUSVILLE FL 32781-0154

Mailing Address  
P.O. BOX 154  
TITUSVILLE FL 32781-0154



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**03/22/1988**

4. FEI Number

**59-2879155**

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

9. Name and Address of Current Registered Agent

**WHEELER, BETTY L**  
**1620 LEACH CIR**  
**TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

VD

☐ DELETE

NAME

**WALTERS, JEFF**

STREET ADDRESS

**1617 COUNTRY CLUB DRIVE**

CITY-ST-ZIP

**TITUSVILLE FL**

TITLE

TD

☐ DELETE

NAME

**POCOCK, BRUCE**

STREET ADDRESS

**6369 WHISPERING LANE**

CITY-ST-ZIP

**TITUSVILLE FL**

TITLE

SD

☒ DELETE

NAME

**HOFFMAN, MELISSA**

STREET ADDRESS

**5100 KIRKWOOD TRAIL**

CITY-ST-ZIP

**TITUSVILLE FL**

TITLE

PD

☐ DELETE

NAME

**WALKER, JIMMIE**

STREET ADDRESS

**1825 OLD DIXIE HGY**

CITY-ST-ZIP

**TITUSVILLE FL**

TITLE

D

☐ DELETE

NAME

**DROWN, NORA**

STREET ADDRESS

**2055 TURPENTINE RD**

CITY-ST-ZIP

**MIMS FL**

TITLE

D

☐ DELETE

NAME

**MCILVAINE, JANET**

STREET ADDRESS

**25 SUTTON ST**

CITY-ST-ZIP

**ROCKLEDGE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**SD**  
**CAIN, PERRY**  
**1280 LAMESA COURT**  
**TITUSVILLE FL**

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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, with all other like empowered.

SIGNATURE: *Janet McIlvaine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 264-1549  
Date: 1/13/99; Daytime Phone #: (407) 264-1549

CR2E037 (11/98)