

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90025 022 ****61.25

DOCUMENT # N25547

1. Entity Name

SPACE COAST HABITAT FOR HUMANITY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 154
 TITUSVILLE FL 32781-0154

P.O. BOX 154
 TITUSVILLE FL 32781-0154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2879155

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

WHEELER, BETTY L
1620 LEACH CIR
TITUSVILLE FL 32780

Name

Wheeler-Cain, Betty L.

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

4217 S. Hopkins Avenue

City

Titusville

FL

Zip Code
32780

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

Betty Wheeler-Cain

02-02-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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 NAME	VD WALTERS, JEFF	<input type="checkbox"/> Delete
STREET ADDRESS	1617 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE NAME	TD POCOCK, BRUCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6369 WHISPERING LANE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE NAME	SD CAIN, PERRY	<input type="checkbox"/> Delete
STREET ADDRESS	1280 LAMESA COURT	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE NAME	PD WALKER, JIMMIE	<input type="checkbox"/> Delete
STREET ADDRESS	1825 OLD DIXIE HGY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE NAME	D DROWN, NORA	<input type="checkbox"/> Delete
STREET ADDRESS	2055 TURPENTINE RD	
CITY-ST-ZIP	MIMS FL	
TITLE NAME	D MCILVAINE, JANET	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	25 SUTTON ST	
CITY-ST-ZIP	ROCKLEDGE FL	

TITLE NAME	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VD Lamp, David	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	350 Raquette Court	
CITY-ST-ZIP	Merritt Island FL 32953	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Berthiaume, Ray	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	957 Beaumont Ln	
CITY-ST-ZIP	Rockledge FL 32955	

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

Jimmie Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 Feb, 2000

Date

Daytime Phone #

CR2E037 (9/99)