

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90186 037 ****61.25

DOCUMENT # N25547

1. Entity Name

SPACE COAST HABITAT FOR HUMANITY, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2879155

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DROWN, NORA JEAN
4217 S HOPKINS AVENUE
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

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

Nora Jean Drown Executive Director

1/10/02

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

TITLE **TD** ☐ Delete
 NAME **SIECK, BOB**
 STREET ADDRESS **6208 WIND OVER WAY**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **VD** ☒ Delete
 NAME **LAMP, DAVID**
 STREET ADDRESS **350 RAQUETTE COURT**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **SD** ☒ Delete
 NAME **CAIN, PERRY**
 STREET ADDRESS **1620 LEACH CIRCLE**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

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 **1207 S PARK AVE.**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☒ Delete
 NAME **BERTHIAUME, RAY**
 STREET ADDRESS **957 BEAUMONT LN**
 CITY-ST-ZIP **ROCKLEDGE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Change ☒ Addition
 NAME **Lloyd Gregg**
 STREET ADDRESS **1215 Two Oaks Blvd.**
 CITY-ST-ZIP **Merritt Island, FL 32953**

TITLE **SD** ☒ Change ☒ Addition
 NAME **Tom Ott**
 STREET ADDRESS **2565 Lynwood Place**
 CITY-ST-ZIP **Merritt Island, FL 32953**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Ray Berthianne**
 STREET ADDRESS **957 Beaumont Lane**
 CITY-ST-ZIP **Rockledge, FL 32955**

TITLE ☐ Change ☒ Addition
 NAME **Melody Schilling**
 STREET ADDRESS **3093 Green Turtle Circle**
 CITY-ST-ZIP **Mims, FL 32754**

TITLE ☐ Change ☒ Addition
 NAME **Dan Weido**
 STREET ADDRESS **3020 Southern Oaks Drive**
 CITY-ST-ZIP **Merritt Island, FL 32952**

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:

Ray Berthianne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

Daytime Phone #

CR2E037 (9/01)