2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State
05-06-2004 90180 015 ****61.25

DOCUMENT # N25547

1. Entity Name

SPACE COAST HABITAT FOR HUMANITY, INC.

Principal Place of Business	Mailing Address
~~4217 S. HOPKINS AVE.~~ ~~TITUSVILLE FL 32780~~	~~P.O. BOX 154~~ ~~TITUSVILLE FL 32781-0154~~

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
#4 Main St.	PO Box 6154
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Titusville, FL	City & State: Titusville, FL
Zip: 32782-6154 Country: USA	Zip: 32782-6154 Country: USA

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	7. Name and Address of New Registered Agent
~~CRECIUN, SAM~~ 4217 S ~~HOPKINS~~ AVENUE ~~TITUSVILLE FL 32780~~	Name: M. Glenn Smith Street Address (P.O. Box Number is Not Acceptable): #4 Main St. City: Titusville FL Zip Code: 32782-6154

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: M Glenn Smith, President — April 20, 2004

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SIECK, BOB 6208 WIND OVER WAY TITUSVILLE FL 32780 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HORTON, LISA 2708 BARROW DR. MERRITT ISLAND FL 32952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MORTON, Lisa (Secretary) ☒ Change ☐ Addition 272 Garfield Av. Cocoa Beach, FL 32920
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TOM, OTT 2565 LYNWOOD PLACE MERRITT ISLAND FL 32953 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(Vice President) ☒ Change ☐ Addition Lloyd Gregg 3101 Southern Oaks Dr. Merritt Island, FL 32952-4158
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAY, BERTHIANNE 957 BEAUMONT LANE ROCKLEDGE FL 32955 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M. Glenn Smith (President) ☒ Change ☐ Addition 65 Artemis Blvd. Merritt Island, FL 32953-3101
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: M. Glenn Smith, M. GLENN SMITH, PRESIDENT 4-20-04 321-264-1549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #