


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90033 047 ****61.25

DOCUMENT # N25547 1. Entity Name SPACE COAST HABITAT FOR HUMANITY, INC.					
Principal Place of Business #4 MAIN ST. TITUSVILLE, FL 32782			Mailing Address P.O. BOX 6154 TITUSVILLE, FL 32782-6154		
2. Principal Place of Business Suite, Apt. #, etc. SUITE A			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip 32796		Country		Zip Country	
4. FEI Number 59-2879155				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, GLENN M 34 MAIN ST. TITUSVILLE, FL 32782-6454			7. Name and Address of New Registered Agent Name M. GLENN SMITH Street Address (P.O. Box Number is Not Acceptable) 4 MAIN STREET 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 <i>M. Glenn Smith</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			M. GLENN SMITH PRESIDENT		
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SIECK, ROBERT B. 6990 HINSDALE DR MELBOURNE, FL 32940-6644	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORTON, LISA 272 GARFIELD AV. COCOA BEACH, FL 32920		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CLOSE, LISA MORTON	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREGG, LLOYD 3101 SOUTHERN OAKS DR. MERRITT ISLAND, FL 329524158		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, GLENN M 65 ARTEMIS BLVD. MERRITT ISLAND, FL 329533101		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SMITH, M. GLENN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row)	
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: <i>M. Glenn Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			M. GLENN SMITH 2/05/05 264-1549 <small>Date Daytime Phone #</small>		