

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N25547

FILED
Oct 19, 2006
Secretary of State

Entity Name: SPACE COAST HABITAT FOR HUMANITY, INC.

Current Principal Place of Business:

#4 MAIN ST.
SUITE A
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6154
TITUSVILLE, FL 327826154

New Mailing Address:

FEI Number: 59-2879155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, GLENN M
4 MAIN STREET
TITUSVILLE, FL 327826454 US

Name and Address of New Registered Agent:

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: GLENN M. SMITH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SIECK, ROBERT B
Address: 6990 HINSDALE DR
City-St-Zip: MELBOURNE, FL 32940

Title: S/D () Delete
Name: CLOSE, LISA M
Address: 272 GARFIELD AV.
City-St-Zip: COCOA BEACH, FL 32920

Title: VP/D () Delete
Name: GREGG, LLOYD
Address: 3101 SOUTHERN OAKS DR.
City-St-Zip: MERRITT ISLAND, FL 329524158

Title: P/D () Delete
Name: SMITH, M GLENN
Address: 65 ARTEMIS BLVD.
City-St-Zip: MERRITT ISLAND, FL 329533101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN SMITH

P/D

10/19/2006

Electronic Signature of Signing Officer or Director

Date