2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# N25547

Entity Name: SPACE COAST HABITAT FOR HUMANITY, INC.

Current Principal Place of Business:

4450 ENTERPRISE COURT
SUITE L
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120026
W. MELBOURNE, FL 32912

New Mailing Address:

FEI Number: 59-2879155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, JOSEPH L
4450 ENTERPRISE COURT
SUITE L
MELBOURNE, FL 32934 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: _____

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:	C/D	( ) Delete
Name:	KOETTER, RONALD E	
Address:	4309 LANTERN DRIVE	
City-St-Zip:	TITUSVILLE, FL 32796	

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: JOSEPH GASSMAN PRES 01/12/2007

Electronic Signature of Signing Officer or Director — Date