

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90430 010 \*\*\*\*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  
**4217 S. HOPKINS AVE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Titusville, FL**

City & State

4. FEI Number **59-2879155**

Applied For

Not Applicable

Zip  
**32780**

Country  
**USA**

Zip

Country

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

**SAM CRECIUN**  
**BROWN, NORA JEAN**  
**4217 S HOPKINS AVENUE**  
**TITUSVILLE FL 32780**

Name **SAM CRECIUN**  
Street Address (P.O. Box Number is Not Acceptable)  
**4217 S. HOPKINS AVE**

City **Titusville** FL Zip Code **32780**

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/15/03**

**FILE NOW: FEE IS \$61.25**

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

TITLE **D** ☒ Change ☐ Addition  
NAME **LISA MORTON**  
STREET ADDRESS **2708 BARROW DR.**  
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE **VD** ☐ Delete  
NAME **LLOYD, GREGG**  
STREET ADDRESS **1215 TWO OAKS BLVD**  
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

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

TITLE **SD** ☒ Delete  
NAME **TOM, OTT**  
STREET ADDRESS **2565 LYNWOOD PLACE**  
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

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

TITLE **PD** ☐ Delete  
NAME **RAY, BERTHIANNE**  
STREET ADDRESS **957 BEAUMONT LANE**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

TITLE **D** ☒ Delete  
NAME **MELODY, SCHILLING**  
STREET ADDRESS **3093 GREEN TURTLE CIRCLE**  
CITY-ST-ZIP **MIMS FL 32754**

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

TITLE **D** ☒ Delete  
NAME **DAN, WEIDO**  
STREET ADDRESS **3020 SOUTHERN OAKS DR**  
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

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

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 **REQUIRED**

**4/15/03 (321) 264-1549**

CR2E037 (10/02)