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Jul 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25616 (6)
1. Corporation Name

HABITAT FOR HUMANITY OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address
226 LAURA ST., NO. JACKSONVILLE FL 32202 226 LAURA ST., NO. JACKSONVILLE FL 32202-3502

| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/28/1988 | | 3a. Date of Last Report 04/17/1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-2880071 | | Applied For Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | | 28 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | | 29 Country | | 30 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

BARKER, FRANK
47 W. 9TH STREET
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | TD <input type="checkbox"/> DELETE | 1.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BETZOLD, DAVID | 1.2 NAME | Betty Nicolson |
| STREET ADDRESS | 2744 BOQUETTE AVE. | 1.3 STREET ADDRESS | 11624 Wellington Way |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | Jacksonville, FL 32223 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOWAN, KATHRINE | 2.2 NAME | |
| STREET ADDRESS | 2502 KELLOW CIRCLE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOENIG, RICHARD | 3.2 NAME | Richard Koenig |
| STREET ADDRESS | 2585 BAYOU RIDGE CIRCLE | 3.3 STREET ADDRESS | 7535 Hollyridge Cir. |
| CITY-ST-ZIP | ORANGE PARK FL | 3.4 CITY-ST-ZIP | Jacksonville, FL 32256 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FARREN, SHANNON | 4.2 NAME | |
| STREET ADDRESS | 10130 ARROWHEAD DRIVE #8 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 4.4 CITY-ST-ZIP | |
| TITLE | MD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARKER, FRANK | 5.2 NAME | |
| STREET ADDRESS | 47 W. 9TH ST. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 5.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CURRIE, BRIAN | 6.2 NAME | |
| STREET ADDRESS | 4351 BALLINGER DRIVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 6.4 CITY-ST-ZIP | |

14. I do 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 annual 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 12 or Block 13 in this report or on an attachment with an address.

SIGNATURE [Signature] 2/6/97 (9/96)

CP2E037 (9/96)