


FILE NOW: FILING FEE IS \$61.25

FILED
Oct 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 226 LAURA ST., NO. JACKSONVILLE FL 32202	Mailing Address 226 LAURA ST., NO. JACKSONVILLE FL 32202
--	--

2. Principal Place of Business 21 2404 Hubbard St. Suite, Apt. #, etc.	2a. Mailing Address 26 2404 Hubbard St. Suite, Apt. #, etc.
22 City & State 23 Jacksonville, FL	27 City & State 28 Jacksonville, FL
24 Zip 32206	25 Country
29 Zip 32206	30 Country

9. Name and Address of Current Registered Agent
**BARKER, FRANK
47 W. 9TH STREET
JACKSONVILLE FL 32206**

3. Date Incorporated or Qualified 03/28/1988
4. FEI Number 59-2880071
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD BETZOLD, DAVID <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD Harry Parsons <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2744 BOQUETTE AVE.	1.2 NAME	3781 Panthers Creek Circle East
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	Jacksonville, FL 32204
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD NICOLSON, BETTY <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	11624 WELLINGTON WAY	2.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD KOENIG, RICHARD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD Larry Tremonti <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7535 HOLLYRIDGE CIR	3.2 NAME	3787 Cathedral Oaks N.
STREET ADDRESS	JACKSONVILLE FL	3.3 STREET ADDRESS	Jacksonville, FL 32217
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D FARREN, SHANNON <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10130 ARROWHEAD DRIVE #8	4.2 NAME	Mcdonald, Shannon
STREET ADDRESS	JACKSONVILLE FL	4.3 STREET ADDRESS	12630 Ashmore Green Dr No.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, FL 32246
TITLE	MD BARKER, FRANK <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	47 W. 9TH ST.	5.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VD CURRIE, BRIAN <input type="checkbox"/> DELETE	6.1 TITLE	PD Currie, Brian <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4351 BALLINGER DRIVE	6.2 NAME	4351 Ballinger Drive
STREET ADDRESS	JACKSONVILLE FL	6.3 STREET ADDRESS	Jacksonville, FL
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplementing annual 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 if changed, or on a block with an address.

SIGNATURE _____ 9/16/98

CR2E037 (10/97)