

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90040 045 \*\*\*\*70.00

**DOCUMENT # N25616**

1. Corporation Name

**HABITAT FOR HUMANITY OF JACKSONVILLE, INC.**

Principal Place of Business

2404 HUBBARD STREET  
JACKSONVILLE FL 32206  
US

Mailing Address

2404 HUBBARD STREET  
JACKSONVILLE FL 32206  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified

03/28/1988

4. FEI Number

59-2880071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**BARKER, FRANK**  
**47 W. 9TH STREET**  
**JACKSONVILLE FL 32206**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **PARSONS, HARRY**  
CITY-ST-ZIP **3781 PLANTERS CREEK CIRCLE EAST**  
**JACKSONVILLE FL 32224**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **NICOLSON, BETTY**  
CITY-ST-ZIP **11624 WELLINGTON WAY**  
**JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME **TR**  
STREET ADDRESS **TREMONTI, LARRY**  
CITY-ST-ZIP **3727 CATHEDRAL OAKS NORTH**  
**JACKSONVILLE FL 32217**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **MACDONALD, SHANNON**  
CITY-ST-ZIP **12630 ASHMORE GREEN DRIVE NORTH**  
**JACKSONVILLE FL 32246**

TITLE ☐ DELETE  
NAME **MD**  
STREET ADDRESS **BARKER, FRANK**  
CITY-ST-ZIP **47 W. 9TH ST.**  
**JACKSONVILLE FL**

TITLE ☒ DELETE  
NAME **PD**  
STREET ADDRESS **CURRIE, BRIAN**  
CITY-ST-ZIP **4351 BALLINGER DRIVE**  
**JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
6.2 NAME **DAVID HICKS**  
6.3 STREET ADDRESS **2404 HUBBARD ST**  
6.4 CITY-ST-ZIP **JACKSONVILLE FL 32206**

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 supplemental 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 an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**904 632 0949**

CR2E037 (11/98)