

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25616

FILED
Sep 02, 2004
Secretary of State**Entity Name:** HABITAT FOR HUMANITY OF JACKSONVILLE, INC.**Current Principal Place of Business:**2404 HUBBARD STREET
JACKSONVILLE, FL 32206 US**New Principal Place of Business:****Current Mailing Address:**2404 HUBBARD STREET
JACKSONVILLE, FL 32206 US**New Mailing Address:****FEI Number:** 59-2880071**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HONEYCUTT, JOSEPH
2404 HUBBARD STREET
JACKSONVILLE, FL 32206 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: D () Delete
Name: EVANS, J. RANDALL
Address: 500 WATER TREET J120
City-St-Zip: JACKSONVILLE, FL 32202

Title: P () Delete
Name: KEUSTER, KEN
Address: 2167 W 18TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: STRICKLAND, DAVID
Address: 8100 NATIONS WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: MD () Delete
Name: HONEYCUTT, JOSEPH
Address: 2404 HUBBARD ST.
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP () Delete
Name: ANDREWS, BRUCEW
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: SD () Delete
Name: BRADDOCK, CAROL
Address: 1725 MEMORIAL PARK DRIVE
City-St-Zip: JACKSONVILLE, FL 32204

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
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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 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 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 HONEYCUTT

MD

09/02/2004

Electronic Signature of Signing Officer or Director

Date