2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2005 8:00 am Secretary of State

DOCUMENT # N25616 1. Entity Name HABITAT FOR HUMANITY OF JACKSONVILLE, INC.					0:	5-06-2005	90089 00	3 ****61	.25
Principal Place of Business 2404 HUBBARD STREET JACKSONVILLE, FL 32206 US JACKSONVILLE, FL 32206					Liberiel ere new	r mich brini (rèid)	arii Giali Bian Sta	11 418 11 816 11 8 16	1718) 2 1 1881
Principal Place of Business 3. Maili		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272005 C	hg-NP	CR2E03	37 (10/03)	
City & State		City & State			4. FEI Number			A	oplied For
Zip Country		Zip	Country	59-2880071 5. Certificate of Status Desired			Not Applicable \$8.75 Additional		
	6. Name and Address of Current	Registered Agent						Fee Require	od .
				Name Mary Kay O'Row Registered Agent					
HONEYCUTT, JOSEPH 2404 HUBBARD STREET			Street	Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	IVILLE, FL 32206			404	Hubba	rd 57			
			City	- N -	111		El	Zip Coo	le /
8. The above named entity submits this statement for the purpose of changing its registered office or re					on ville ed agent, or both, in	the State of I	Florida. I am	familiar with	and accept
the obliga	tions of registered agent.	1 A.		_	1				·
SIGNATURE May Levy Koule man dry 1 Rould D'accor 4/28/55									
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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Agent Ligns	ature required v	when reinstating)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund C	paign Financing		\$5.00 May Be Added to Fees		Make check		
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI	9. Election Cam Trust Fund Co	paign Financing ontribution.	□ A	\$5.00 May Be	Fie	Make check orida Depar	TECTORS IN	tate .
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TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE D EVANS, J. RANDALL 500 WATER TREET J120	9. Election Cam Trust Fund Co	paign Financing ontribution.	C Doh	\$5.00 May Be Added to Fees DDITIONS/CHANG IN GILDSON	Figes to Office	Make check orida Depart CERS AND DIF	TECTORS IN	tate .
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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.

798 4500 X 22 Y

Daytime Phone #