2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# N30436

Entity Name: SOUTHEAST VOLUSIA HABITAT FOR HUMANITY, INC.

Current Principal Place of Business:

722 S DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1468
NEW SMYRNA BEACH, FL 32170 US

New Mailing Address:

FEI Number: 59-2934915 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THURMAIER, MATTHEW
303 CORTEZ ST.
NEW SMYRNA BEACH, FL 32169 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:	SEC	( ) Delete
Name:	SCHILD, JEAN	
Address:	1100 LOCH LOMOND COURT	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	VP	( ) Delete
Name:	BLACKWOOD, RONALD	
Address:	PO BOX 1468	
City-St-Zip:	NEW SMYRNA BEACH, FL 32170	
Title:	ED	( ) Delete
Name:	WALKER, ROSEMARY	
Address:	3558 GRANDE TUSCANY WAY	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	PRES	( ) Delete
Name:	THURMAIER, MATTHEW	
Address:	303 CORTEZ ST.	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	

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
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROSEMARY WALKER ED 01/08/2008

Electronic Signature of Signing Officer or Director — Date