

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09 1996 8:00 am  
Secretary of State

DOCUMENT # **N30674 (8)**  
1. Corporation Name  
**HABITAT FOR HUMANITY OF GREATER MIAMI, INC.**



Principal Place of Business: PO BOX 560994 MIAMI FL 33256-7994  
Mailing Address: PO BOX 560994 MIAMI FL 33256-7994

3. Date Incorporated or Qualified: 02/13/1989  
3a. Date of Last Report: 03/09/1995  
4. FEI Number: 65-0108974 65-0108974  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**HOLKEBOER, DIRK J**  
**9350 S DADELAND BLVD #200**  
**MIAMI FL 33156**

10. Name and Address of New Registered Agent  
81 Name: **Manning, Anne E.**  
82 Street Address (P.O. Box Number is Not Acceptable): **9350 S. Dadeland Blvd, # 200**  
83  
84 City: **Miami** FL 85 Zip Code: **33156**

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: *Anne E. Manning, Anne E. Manning* DATE: **4/4/96**

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SPINGER, JEFF	
STREET ADDRESS	6650 SW 133TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EASTON, AMY	
STREET ADDRESS	5000 DAVIS RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FERNSLER, JOHN	
STREET ADDRESS	12105 SW 92ND AVE	
CITY-ST-ZIP	MIAMI FL 10	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ENGLAND, CHET	
STREET ADDRESS	15300 SW 80TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	YASUKOCHI, BRUCE	
STREET ADDRESS	9734 SW 133 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BABCOCK, CALVIN	
STREET ADDRESS	300 GRECO AVE	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>500001774685</b>
3.4 CITY-ST-ZIP	<b>04/10/96 --01005--027</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>TO RENE HERNANDEZ</b>
5.3 STREET ADDRESS	<b>9130 S. DADELAND BLVD #1623</b>
5.4 CITY-ST-ZIP	<b>Miami, FL 33156</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.  
SIGNATURE: *Anne E. Manning, Rene Hernandez* DATE: **3/15/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)

4-9-96