FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30674

(8)

HABITAT FOR HUMANITY OF GREATER MIAMI, INC.

Principal Place of Business Mailing Address						1 100 things and inthe address and a fact and	#1 #1#11 #11		iffe Elfin ifibe
PO BOX 560994 MIAMI FL 33256		PO BOX 560994 Miami Fl 33256 -099 4							
						3. Date Incorporated or Qualified 02/13/1989	3a. D	oate of Last F 04/09/19	Report 96
2. Principal Pi	ace of Business	2a. Mailing Address 26		•••		4. FEI Number 65-0108974			oplied For ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Zıp 29	Country 30			This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre		1271	_		10. Name and Address of New Re		7.3	
				31	Name				
MANNING, ANNE E 9350 S DADELAND BLVD #200			ļa	32	Street A	Address (P.O. Box Number is Not Acceptable)			
MIAMI FL			1	83					
			ļ.	34	City		FL	85 Zip	Code
11. Pursuant i office or re agent I a	to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 617.1508, Florida Statu e of Florida. Such change was gations of, Section 617.0503, F	ites, the abo authorized torida Statu	ove by tes.	-named o the corpo	corporation submits this statement for the poration's board of directors. I hereby accept	urpose d	of changing i	ts registered registered
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NO	TE: Registered /	Agen	nt eignature n	equired when reinstating)	DATE		
12.	OFFICERS AI	NO DIRECTORS ,	13.	-		ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTO	RS IN 12
TITLE	VPD	DELETE	1.1 TITL	1.1 TITLE		VPD , .		Change	Addition
NAME	spinger, jeff	/\	1.2 NAN	Æ		TIMOTHY Hawkins			
STREET ADDRESS	6650 SW 133TH ST.		1.3 STR	EET /	adoress	17340 See +4 AUC.			
CITY-ST-ZIP	MIAMI FL		1.4 CIT	Y-ST	T-ZIP	Miami FL 33	157		
TITLE	PD	DELETE	2.1 7176	Æ		ρ <u> , , , , , , , , , , , , , , , , , , ,</u>		Change	Addition
NAME	EASTON, AMY		2.2 NAN	Æ		Amy Easton 60 Casuarina Con		vC 0	
STREET ADDRESS	5000 DAVIS RD		23 STR	23 STREET A		60 cosuarina con	-	۳ ۵- ۲	_
CITY-ST-ZIP	MIAMI FL		2.4 DIT	Y- \$	T-ZIP	coral Gables, F	<u>L</u>	3314	<u> </u>
TITLE	VPD	DELETE	3.1 TITL	E		VPD.		Change	Addition
NAME	Fernsler, John	•	3.2 NA	AE		Catherine Mc Cann 5820 SW 87 Stree	_		
STREET ADDRESS	12105 SW 92ND AVE		3.3 STR	EET	ADDRESS	5850 2M 83 2456	π (= -		
CITY-ST-ZIP	MIAMI FL 10		3.4. CIT	Y-\$	T-ZIP	Miami, FL 3319	<u> 13</u>		
TITLE	SD	☐ DELETE	4.1 TITL	.E		•		☐ Change	Addition
NAME	ENGLAND, CHET		4. 2 NA	ME					
STREET ADDRESS	15300 SW 80TH AVE		4.3 STR	EET.	ADDRESS				
CITY-ST-ZIP	MIAMI FL		4,4 CI		T- ZIP				
TITLE	TD	DELETE	5.1 TITL	E				Change	Addition
NAME	HERNANDEZ, RENE		5.2 NAM	ΜE	ļ				
STREET ADDRESS	9130 S. DADELAND BLVD. 4	F1623	5.3 STR	EET :	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33156		5.4 CfT	Y-\$1	T- Z IP				
TITLE	D	DELETE	6.1 TrTL	.E				Change	Addition
NAME	BABCOCK, CALVIN	/ -	6.2 NAM	ME					
STREET ADDRESS	300 GRECO AVE		6.3 STR	EET :	ADDRESS				
CtTY-ST-ZIP	CORAL GABLES FL		6.4 CiT						

14. I do 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 it

NATURE AND UPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0034083

Date

FILED

Feb 06 1997 8:00am

Secretary of State

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