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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30674

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



2. Principal Place of Business

21 9350 S DADELAND BLVD

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

200

27 Suite, Apt. #, etc.

28 City & State

23 City & State

MIAMI FL

29 City & State

30 City & State

24 Zip Country

33156

25 Country

29 Zip Country

30 Country

3. Date Incorporated or Qualified

02/13/1989

4. FEI Number

65-0108974

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MANNING, ANNE E
9350 S DADELAND BLVD #200
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME DELETE

PD
TIMOTHY HAWKINS
17340 SW 74TH AVE
MIAMI FL

TITLE NAME DELETE

VPD
CATHERINE MCCANN
5820 SW 87TH ST
MIAMI FL

TITLE NAME DELETE

VPD
~~ENGLAND, CHET~~
~~15900 SW 80TH AVE~~
~~MIAMI FL~~

TITLE NAME DELETE

TD
~~HERNANDEZ, RENE~~
~~9130 S. DADELAND BLVD. #1623~~
~~MIAMI FL 33156~~

TITLE NAME DELETE

~~SD~~
~~BABCOCK, CALVIN~~
~~300 GREGO AVE.~~
~~MIAMI FL 33146~~

TITLE NAME DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VPD
BABCOCK, CALVIN
300 GREGO AVE
MIAMI FL 33146

TD
PADRON, TONI
6941 SW 108TH AVE
MIAMI FL 33136

~~VPD SD~~
ANDERSON, JOYCE
9370 SUNSET DR., SUITE 266
MIAMI FL 33173

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)