

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

STATE FILING FEE

DOCUMENT # N39351 (4)

1. Corporation Name

HIGHLANDS COUNTY HABITAT FOR HUMANITY, INC.



Principal Place of Business

Mailing Address

3200 US 27 S
STE 202
SEBRING FL 33870-2424
US

3200 US 27 SOUTH
STE 202
SEBRING FL 33870-2424
US

3. Date Incorporated or Qualified
07/18/1990

3a. Date of Last Report
06/29/1995

2. Principal Place of Business

2a. Mailing Address

21 126 W CENTER STREET

26 126 W CENTER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 200

27 SUITE 200

City & State

City & State

23 SEBRING, FLORIDA

28 SEBRING, FLORIDA

Zip

Country

Zip

Country

24 33852

25 HIGHLANDS

29 33870

30 HIGHLANDS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREED, E MARK III
335 S COMMERCE AVE
SEBRING FL 33870

81 Name

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

400001762054

83 -03/29/96--01015--015

84 City

***\$1.25

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 E. Mark Breed III

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME TD
STREET ADDRESS TAVERNIER, WADE
CITY-ST-ZIP 126 W CENTER SEBRING FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME TAVERNIER, WADE
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP SEBRING, FL 33870

TITLE ☐ DELETE
NAME SD
STREET ADDRESS ALBURY, ANNETTA
CITY-ST-ZIP 463 LAKE JANE RD LAKE PLACID FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME ALBURY, ANNETTA
2.3 STREET ADDRESS 463 LAKE JANE RD.
2.4 CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE ☐ DELETE
NAME D
STREET ADDRESS WASON, GEORGIA
CITY-ST-ZIP 406 E. OAK ST. AVON PARK FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP AVON PARK, FL 33825

TITLE ☐ DELETE
NAME PD
STREET ADDRESS FURNIVAL, GEROME
CITY-ST-ZIP P O BOX 1761 NA AVON PARK FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME PD
4.3 STREET ADDRESS FURNIVAL, GEROME
4.4 CITY-ST-ZIP AVON PARK 33825

TITLE ☐ DELETE
NAME PV
STREET ADDRESS HASTON, R JOHN
CITY-ST-ZIP 102 BRONSON ST NW LAKE PLACID FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME PD
5.3 STREET ADDRESS HASTON, R. JOHN
5.4 CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE ☐ DELETE
NAME D
STREET ADDRESS BORING, C.D.
CITY-ST-ZIP 3817 NORMANDY DR. SEBRING FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME BORING, C.D.
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP SEBRING FL 33870

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:

R. John Haston PRESIDENT

2/1/96

941-385-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

EE-10-39125

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

(4)

MANITY, INC.

ing Address

100 US 27 SOUTH
TE 202
SEBRING FL 33870-2424

ailing Address

126 W CENTER

uite, Apt. #, etc.

SUITE 200

ity & State

SEBRING FLORIDA

ip

33870

Country

30

FLORIDA

red Agent

3. Date Incorporated or Qualified

07/18/1990

3a. Date of Last Report

06/29/1995

4. FBI Number

59-3023727

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office
change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am
503, Florida Statutes.

able (NOTE: Registered Agent signature required when reinstating)

DATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

1.1 TITLE

1.2 NAME

TAVERNIERE, WADE

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

SEBRING, FL 33870

☒ Change

☐ Addition

☐ DELETE

2.1 TITLE

2.2 NAME

ALBURY, ANNETTA

2.3 STREET ADDRESS

463 LAKE JUNE RD.

2.4 CITY-ST-ZIP

LAKE PLACID, FL 33852

☒ Change

☐ Addition

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

AVON PARK, FL 33825

☒ Change

☐ Addition

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

AVON PARK 33825

☒ Change

☐ Addition

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

PO
HASTON, R. JOHN

LAKE PLACID, FL 33852

☒ Change

☐ Addition

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

BORING, C. D.

SEBRING FL 33870

☒ Change

☐ Addition

ng is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under
receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name
ment with an address.

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DO NOT DETACH THIS STUB

DO NOT WRITE OR MAKE ANY MARKS ON THIS STUB
1996 ANNUAL REPORT

Date Due:

05/01/96

Amount
Due:

\$61.25

(4)

N33051

HIGHLANDS COUNTY HABITAT FOR HUMANITY, INC.

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pg. 272

CR2E037 (12/95)

0015306

61.25

STATE FILING FEE

Pd. 7/12/96
CR # 0721