

**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

**DOCUMENT # N40696 (9)**

1. Corporation Name

**HABITAT FOR HUMANITY IN SEMINOLE COUNTY, FLORIDA, INC.**



Principal Place of Business

Mailing Address

2942 S. ORLANDO DRIVE  
SANFORD FL 32773-5347  
US

2942 S. ORLANDO DRIVE  
SANFORD FL 32773-5347  
US

3. Date Incorporated or Qualified: **11/02/1990**  
3a. Date of Last Report: **04/26/1995**

21	2. Principal Place of Business <b>2933 W.S.R. 434, #121</b>	26	2a. Mailing Address <b>2933 W.S.R. 434, #121</b>
22	Suite, Apt. #, etc. <b>121</b>	27	Suite, Apt. #, etc. <b>121</b>
23	City & State <b>Longwood, FL</b>	28	City & State <b>Longwood, FL</b>
24	Zip <b>32779</b>	29	Zip <b>32779</b>
25	Country <b>US</b>	30	Country <b>U.S.</b>

4. FEI Number: **59-3034059**  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHARLES K. PHILLIPS  
2942 S. ORLANDO DRIVE  
SANFORD FL 32773**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 officer 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		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PHILLIPS, CHARLES K. 459 MEANDER DRIVE NORTH. ALTAMONTE SPRINGS FL 32714	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD MCCARTHY, MIKE 460 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD MURDOCK, JACK 124 CHANNEL DR LK MARY FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD NOBLE, JULIA N 2005 HINNEBAGO TRAIL FERN PARK FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	<b>1836 Woodward Street Orlando, FL</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D THE HON. JOHN SLOOP P.O. BOX 1835 SANFORD FL 32772	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VPD O'BRIEN, RICHARD 360 W. S.R. 436 ALTAMONTE SPRINGS FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Julia N. Noble - Julia N. Noble, Treasurer 1/24/96 (407) 846-4931  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)