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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40696 (9)

1. Corporation Name
HABITAT FOR HUMANITY IN SEMINOLE COUNTY, FLORIDA, INC.



Principal Place of Business 2833 WSR 434 121 LONGWOOD FL 32779 US	Mailing Address 2833 WSR 434 121 LONGWOOD FL 32779 US
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3. Date Incorporated or Qualified 11/02/1990	3a. Date of Last Report 02/05/1996
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

4. FEI Number 59-3034059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CHARLES K. PHILLIPS
3042 S. ORLANDO DRIVE
SANFORD FL 32773**

10. Name and Address of New Registered Agent

81 Name Richard O'Brien
82 Street Address (P.O. Box Number is Not Acceptable) 253 N. Orlando Ave.
83
84 City Maitland, FL
85 Zip Code 32751 FL

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 *Julia N. Noble* *Richard O'Brien* 1/22/97

Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	PHILLIPS, CHARLES K.	
STREET ADDRESS	450 MEANDER DRIVE NORTH.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VPD	<input type="checkbox"/>
NAME	MCCARTHY, MIKE	
STREET ADDRESS	460 E. ALTAMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	SD	<input type="checkbox"/>
NAME	MURDOCK, JACK	
STREET ADDRESS	124 CHANNEL DR	
CITY-ST-ZIP	LK MARY FL	
TITLE	TD	<input type="checkbox"/>
NAME	NOBLE, JULIA N	
STREET ADDRESS	1836 WOODWARD ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/>
NAME	THE HON. JOHN SLOOP	
STREET ADDRESS	P.O. BOX 1835	N/A
CITY-ST-ZIP	SANFORD FL 32772	
TITLE	VPD	<input type="checkbox"/>
NAME	O'BRIEN, RICHARD	
STREET ADDRESS	300 W. S.R. 435	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	2005 Hinnebago Tr.		
4.4 CITY-ST-ZIP	Fern Park, FL 32730		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	President		
6.3 STREET ADDRESS	O'Brien, Richard		
6.4 CITY-ST-ZIP	253 N. Orlando Ave. Maitland, FL		

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 changed, or on an attachment with an address.

CR2E037 (9/96)