


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 29 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 2933 WSR 434 121 LONGWOOD FL 32779 US	Mailing Address 2933 WSR 434 121 LONGWOOD FL 32779 US
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3. Date Incorporated or Qualified
11/02/1990

4. FEI Number
59-3034059

Applied For Not Applicable

2. Principal Place of Business
 21 **2921 S Orlando Dr.**
 Suite, Apt. #, etc.

22 **230**
 City & State

23 **Sanford FL**
 Zip Country
 24 **32773** 25 **USA**

2a. Mailing Address
 26 **2921 S Orlando Dr.**
 Suite, Apt. #, etc.

27 **230**
 City & State

28 **Sanford FL**
 Zip Country
 29 **32773** 30 **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
O'BRIEN, RICHARD
253 N ORLANDO AVE
MAITLAND FL 32751

10. Name and Address of New Registered Agent
 81 Name **Bandy, Shirley**
 82 Street Address (P.O. Box Number is Not Acceptable)
909 Spring Valley
 83
 84 City **Altamonte Springs** **FL** 85 Zip Code **32714**

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 Shirley Bandy **Shirley Bandy** **1/19/98**
 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 STREET ADDRESS CITY-ST-ZIP	VPD MCCARTHY, MIKE 460 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURDOCK, JACK 124 CHANNEL DR LK MARY FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOBLE, JULIA N 2005 HINNEBAGO TR FERN PARK FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THE HON. JOHN SLOOP P.O. BOX 1835 N/A SANFORD FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'BRIEN, RICHARD 253 N ORLANDO AVE MAITLAND FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Shirley Bandy 909 Spring Valley Altamonte Springs FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Douglas Foreman 1116 Eastin Ave Orlando FL 32804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD Marek Bakun 250 N Orange Ave., #1500 Orlando FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Shirley Bandy **Shirley Bandy** **1/19/98** **407-328-9717**

CR2E037 (10/97)