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Secretary of State

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

NONPROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # N40696

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

Principal Place of Business
 2921 S ORLANDO DR #230 SANFORD FL 32773 US

Mailing Address
 2921 S ORLANDO DR #230 SANFORD FL 32773 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	11/02/1990
City & State	City & State	4. FEI Number
Zip	Zip	59-3034059
Country	Country	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

9. Name and Address of Current Registered Agent
BANDY, SHIRLEY
909 SPRING VALLEY
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BANDY, SHIRLEY
STREET ADDRESS	909 SPRING VALLEY
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	MURDOCK, JACK
STREET ADDRESS	124 CHANNEL DR
CITY-ST-ZIP	LK MARY FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	FOREMAN, DOUGLAS
STREET ADDRESS	1116 EASTIN AVE
CITY-ST-ZIP	ORLANDO FL 32804
TITLE	TD <input type="checkbox"/> DELETE
NAME	BAKUN, MAREK
STREET ADDRESS	250 N ORANGE AVE, # 500
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Susan Crampton
1.3 STREET ADDRESS	569 Silvergate Loop
1.4 CITY-ST-ZIP	Lake Mary FL 32746
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jeffrey Stein
2.3 STREET ADDRESS	1315 Tuskawilla Road, #105
2.4 CITY-ST-ZIP	Winter Springs FL 32708
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ezra St.Clair
3.3 STREET ADDRESS	3238 Hunter Court
3.4 CITY-ST-ZIP	Apopka FL 32703
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mary Welch
4.3 STREET ADDRESS	604 West Hogle Avenue
4.4 CITY-ST-ZIP	DeLand FL 32720
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Mary Welch **REQUIRED** 1/6/99 (407) 328-9717
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)