

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 # N41383 (3)

1. Corporation Name

HABITAT FOR HUMANITY OF THE JACKSONVILLE BEACHES, INC.



Principal Place of Business

Mailing Address

716 OCEAN BLVD
ATLANTIC BCH. FL 32233
US

P. O. BOX 50939
JACKSONVILLE BCH. FL 32240
US

3. Date Incorporated or Qualified
11/28/1990

3a. Date of Last Report
05/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0234544

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

CLARKE, DAVE
9774 DEER RUN DR.
PONTE VEDRA BCH. FL 32082

81 Name

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

83

84 City

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

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

TITLE **VP - D** ☐ DELETE
NAME **GULLIFORD, BILL**
STREET ADDRESS **75 BEACH AVE.**
CITY - ST - ZIP **ATLANTIC BCH FL**

11 TITLE **D-Treas.** ☐ Change ☒ Addition
12 NAME **Beverly Montgomery**
13 STREET ADDRESS **2200 Ocean Dr. S. J-D**
14 CITY - ST - ZIP **Jacksonville Beach, FL, 32250**

TITLE **D** ☒ DELETE
NAME **GOMEZ, MARGARET**
STREET ADDRESS **212 33RD AVE. S.**
CITY - ST - ZIP **JACKSONVILLE BCH FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **P-D** ☐ DELETE
NAME **CLARKE, DAVE**
STREET ADDRESS **9774 DEER RUN DR.**
CITY - ST - ZIP **PONTE VEDRA BEACH FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **DT** ☒ DELETE
NAME **FINLEY, PAUL**
STREET ADDRESS **672 PONTE VEDRA BLVD.**
CITY - ST - ZIP **PONTE VEDRA FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE **P** ☒ DELETE
NAME **GARDNER, MICHAEL**
STREET ADDRESS **112 HUDSON COVE**
CITY - ST - ZIP **PONTE VEDRA BEACH FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE **Sec.** ☐ DELETE
NAME **Margaret O'Neill**
STREET ADDRESS **207 Myrtle St**
CITY - ST - ZIP **Neptune Beach, FL, 32233**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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: **Margaret O'Neill**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96
Date

1-904 241-1222
Daytime Phone

CR2E037 (12/95)