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Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
USP. O. BOX 50939  
JACKSONVILLE BCH. FL 32240-0939  
US3. Date Incorporated or Qualified  
11/28/19903a. Date of Last Report  
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0234544

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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 12

TITLE VPD  
NAME GULLIFORD, BILL  
STREET ADDRESS 75 BEACH AVE.  
CITY-ST-ZIP ATLANTIC BCH FL1.1 TITLE PD  
1.2 NAME GULLIFORD, BILL  
1.3 STREET ADDRESS 75 BEACH AVE.  
1.4 CITY-ST-ZIP ATLANTIC BCH. FL.TITLE DT  
NAME MONTGOMERY, BEVERLY  
STREET ADDRESS 2200 OCEAN DRIVE SOUTH 5D  
CITY-ST-ZIP JACKSONVILLE BEACH FL2.1 TITLE TD  
2.2 NAME MONTGOMERY, BEVERLY  
2.3 STREET ADDRESS 2200 Ocean Dr. South 5D  
2.4 CITY-ST-ZIP Jacksonville Beach FLTITLE PD  
NAME CLARKE, DAVE  
STREET ADDRESS 9774 DEER RUN DR.  
CITY-ST-ZIP PONTE VEDRA BEACH FL3.1 TITLE VPD  
3.2 NAME DAVE TRUNZO  
3.3 STREET ADDRESS 200 ATP TOUR BLVD.  
3.4 CITY-ST-ZIP PONTE VEDRA BEACH, FL.TITLE S  
NAME O'NEILL, MARGARET  
STREET ADDRESS 207 MYRTLE STREET  
CITY-ST-ZIP NEPTUNE BEACH FL4.1 TITLE SD  
4.2 NAME ANN SANTARONE  
4.3 STREET ADDRESS 483 SELVA LAKES CIR.  
4.4 CITY-ST-ZIP ATLANTIC BEACH, FL.TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Beverly Montgomery  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEVERLY MONTGOMERY

1/6/97

904-246-4621

Date

Daytime Phone

CR2E037 (9/96)