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Feb 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

716 OCEAN BLVD
ATLANTIC BCH. FL 32233
US

Mailing Address

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



3. Date Incorporated or Qualified

11/28/1990

4. FEI Number

65-0234544

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. 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

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

10. Name and Address of New Registered Agent

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

TITLE PD ☒ DELETE

NAME GULLIFORD, BILL
STREET ADDRESS 75 BEACH AVE.
CITY-ST-ZIP ATLANTIC BCH FL

TITLE TD ☐ DELETE

NAME MONTGOMERY, BEVERLY
STREET ADDRESS 2200 OCEAN DRIVE SOUTH 5D
CITY-ST-ZIP JACKSONVILLE BEACH FL

TITLE VPB ☐ DELETE

NAME TRUNZO, DAVE
STREET ADDRESS 200 ATP TOUR BLVD.
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE SD ☐ DELETE

NAME SANTARONE, ANN
STREET ADDRESS 483 SELVA LAKES CIRCLE
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President + Director ☒ Addition

1.2 NAME Margaret O'Neill

1.3 STREET ADDRESS 207 Myrtle St

1.4 CITY-ST-ZIP Neptune Beach FL 32266

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE President + Director ☒ Change ☐ Addition

3.2 NAME Trunzo, Dave

3.3 STREET ADDRESS 200 ATP TOUR BLVD

3.4 CITY-ST-ZIP Ponte Vedra Beach, FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ~~672 Ponte Vedra Blvd~~

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Vice President + Director

6.3 STREET ADDRESS Paul Embury

6.4 CITY-ST-ZIP 672 Ponte Vedra Blvd

6.5 CITY-ST-ZIP Ponte Vedra Beach FL 32082

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: Beverly B. Montgomery

1/13/98

246-4621

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