

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90062 009 ****61.25

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DOCUMENT # N41383

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified

11/28/1990

4. FEI Number

65-0234544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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 Beverly Montgomery
82 Street Address (P.O. Box Number is Not Acceptable)
83 2200 Ocean Dr. So 5D
84 City Jacksonville Beach FL 85 Zip Code 32250

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 Beverly Montgomery

Beverly B. Montgomery 1-6-99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME VPD
STREET ADDRESS O'NEILL, MARGARET
CITY-ST-ZIP 207 MYRTLE ST
NEPTUNE BEACH FL 32266

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

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

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

TITLE ☐ DELETE
NAME VPD
STREET ADDRESS FINLEY, PAUL
CITY-ST-ZIP 672 PONTE VERDE BLVD
PONTE VERDE BEACH FL 32282

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 32250

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 382 Magnolia St
3.4 CITY-ST-ZIP Atlantic Beach FL 32233

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 32233

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 672 Ponte Verde Blvd
5.4 CITY-ST-ZIP Ponte Verde Beach FL 32282

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Beverly B. Montgomery SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Beverly B. Montgomery 1-6-99 241-1222
Date Daytime Phone #

CR2E037 (11/98)