

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

0012888

DOCUMENT # N41383

1. Entity Name

HABITAT FOR HUMANITY OF THE JACKSONVILLE BEACHES

01-24-2001 90087 029 ****61.50

Principal Place of Business

Mailing Address

716 OCEAN BLVD
 ATLANTIC BCH. FL 32233
 US

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

102112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0234544

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTGOMERY, BEVERLY
 2200 OCEAN DR. SOUTH 5D
 JACKSONVILLE BEACH FL 32250

Name

Keesy Goebertus

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

3843 Coopers Lake Road

Jacksonville FL 32224

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Signature]
 Signature, typed or printed name of registered agent and title if applicable.

Keesy Goebertus

1/12/01

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD
 NAME MONTGOMERY, BEVERLY
 STREET ADDRESS 2200 OCEAN DRIVE SOUTH 5D
 CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☒ Delete

TITLE TD
 NAME Keesy Goebertus
 STREET ADDRESS 3843 Coopers Lake Rd
 CITY-ST-ZIP Jacksonville FL 32224 ☐ Change ☒ Addition

TITLE PD
 NAME BALL, HAYWOOD
 STREET ADDRESS 270 5TH ST
 CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
 NAME LANE, CAROLYN
 STREET ADDRESS 112 S BAND DR
 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
 NAME FREEMAN, JOYCE
 STREET ADDRESS 334 SKATE RD
 CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☒ Delete

TITLE
 NAME Rev. Gerry Walston
 STREET ADDRESS 118 Oak Grove Lane
 CITY-ST-ZIP Jacksonville Beach FL 32250 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01 (904) 680-9123

Date

Daytime Phone #

CR2E037 (10/00)