

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90050 045 \*\*\*\*61.25

**DOCUMENT # N41383**

1. Entity 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

**1671 FRANCIS AVE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ATLANTIC BEACH, FL**

City & State

Zip Country

**32233 US**

4. FEI Number

**65-0234544**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GOEBERTUS, KEESY  
3843 COOPERS LAKE RD  
JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/27/02**

**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

TITLE **TD** ☐ Delete  
NAME **GOEBERTUS, KEESY**  
STREET ADDRESS **3843 COOPERS LAKE RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

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

TITLE **R** ☒ Delete  
NAME **WALSTON, GERRY**  
STREET ADDRESS **1718 OAKBROOKE LANE**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Change ☒ Addition  
NAME **MARTHA SHAFER**  
STREET ADDRESS **2123 SOFTWIND TRAIL**  
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/27/02 (904) 680-9123**

CR2E037 (9/01)