

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41383

FILED
May 21, 2007
Secretary of State

Entity Name: HABITAT FOR HUMANITY OF THE JACKSONVILLE BEACHES, INC.

Current Principal Place of Business:

1671 FRANCIS AVE
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0234544 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARCELLO, RALPH
1671 FRANCIS AVENUE
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BORDERS, EDWIN
Address: 1494 E. BLUE HERON LANE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD () Delete
Name: MILLER, SUSIE
Address: 106 MYRA ST
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: PD () Delete
Name: MAIRS, DON
Address: 1836 SEAGATE AVENUE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MILLER, SUSIE
Address: 106 MYRA ST
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: PD (X) Change () Addition
Name: SCHMIDT, PAUL
Address: 1313 8TH ST NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD () Change (X) Addition
Name: DAGHER, JOSEPH
Address: 11725 MARCO BEACH DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: V () Change (X) Addition
Name: HAYWOOD, BALL
Address: 50 NORTH LAURA ST SUITE 2925
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL SCHMIDT

PD

05/21/2007

Electronic Signature of Signing Officer or Director

Date