

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41383

FILED
Feb 02, 2009
Secretary of State

Entity Name: BEACHES HABITAT FOR HUMANITY, INC.

Current Principal Place of Business:

1671 FRANCIS AVE
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50939
JACKSONVILLE, FL 32240

New Mailing Address:

FEI Number: 65-0234544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MCLEAN, ROSEANN
Address: 69 PLAYERS CLUB VILLAS ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD (X) Change () Addition
Name: TED, DEVOS
Address: 117 PONTE VEDRA COLONY CIRCLE
City-St-Zip: PONTE VEDRA, FL 32082

Title: VD (X) Change () Addition
Name: ROBERT, MCKENZIE
Address: 220 SEAMIST COURT
City-St-Zip: PONTE VEDRA, FL 32082

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

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

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: DEBBIE JONES

AED

02/02/2009

Electronic Signature of Signing Officer or Director

Date