2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N41383** 1. Entity Name HABITAT FOR HUMANITY OF THE JACKSONVILLE BEACHES





, INC.										
1671 FRANCIS AVE P. O.			-			I HAANNAN ARKAN	EDA HIGGO JULOK HALAT	1 244 8 18 11 8 18 11	1 AJRIA TIBAL BIB	II Bravi Jezi
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. FEI Number 6	5-0234544			oplied For ot Applicable
Zip Country		Žip	Cou	Country		5. Certificate of St	tatus Desired		\$8.75 Ade	
	6. Name and Address of Current	Registered Agent				7. Name and Add	ress of New R	egistered A	\gent	
				Name						}
	TUS, KEESY			Street Ad	dress (P	O. Box Number is I	Vot Acceptable)		
	OPERS LAKE RD WILLE FL 32224			ļ			 .			
JACKSON	WILLE FL 32224									
				City				FL	Zip Cod	е
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	ed office or r	registere	d agent, or both, in	the State of Flo	rida. I am f	amiliar with,	and accept
the obligat	tions of registered agent.				•	-				
			ē							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (AIO)	E. Bagistore	d Agent signature		when reinstations		DATE		<u> </u>
	Signature, typed or printed name of registered agent.	ана нае я аррясавіе. (190	E: Registeret	- Agent signature	e reduited A	when reinstaurig)		DATE		
FILE NOW: FEE IS \$61.25		ł	Election Campalgn Financing Trust Fund Contribution. □							. 1
1	FILE NOW: FEE IS \$61.25				J ;	\$5.00 May Be Added to Fees		ke Check la Depart	Payable ment of s	
		Trust Fund	Contributi		ب ا 	Added to Fees	Florid	la Depart	ment of s	State
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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: