

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N42719 (7)**  
1. Corporation Name  
**HABITAT FOR HUMANITY IN OKALOOSA COUNTY, INC.**



Principal Place of Business: **1270 EGLIN PARKWAY SUITE B 13 SHALIMAR FL 32579**  
Mailing Address: **P.O. BOX 300 SHALIMAR FL 32579**

3. Date Incorporated or Qualified: **03/28/1991**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
2a. Mailing Address: **26**  
Suite: **27**  
City & State: **28**  
Zip: **29** Country: **30**

4. FEI Number: **59-3066029**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**DEAN, BOB  
1270 EGLIN LARKWAY  
SUITE B 13  
SHALIMAR FL 32579**

10. Name and Address of New Registered Agent  
81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_ FL 85 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CARCCI, MICHAEL	
STREET ADDRESS	269 OLD POST RD.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HOUGHTON, BRENDA	
STREET ADDRESS	32 BAY DR. N.E.	
CITY-ST-ZIP	FT. WALTON BCH. FL 32548	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	CZAPLESKI, JOHN	
STREET ADDRESS	119 HOLLYWOOD BLVD. STE. 101	
CITY-ST-ZIP	FT. WALTON BCH. FL 32548	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	DEAN, BOB	
STREET ADDRESS	237 MARGNLIA ST.	
CITY-ST-ZIP	SANTA ROSA BCH. FL 32459	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOODPASTER, HOWARD	
STREET ADDRESS	11TH AVE. #D3	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CZAPLESKI, JOHN	
3.3 STREET ADDRESS	119 HOLLYWOOD BLVD SUIT 101	
3.4 CITY-ST-ZIP	FWB FL 32548	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RON WILLIAMS	
5.3 STREET ADDRESS	12 COUNTY RD	
5.4 CITY-ST-ZIP	SHALIMAR, FL 32579	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RICHARD MANLEY JR	
6.3 STREET ADDRESS	184 EGLIN PK	
6.4 CITY-ST-ZIP	FWB FL 32548	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CR2E037 (12/95)