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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
1270 EGLIN PARKWAY
SUITE 13
SHALIMAR FL 32579
~~P.O. BOX 900~~
~~SHALIMAR FL 32579-0900~~

3. Date Incorporated or Qualified 03/28/1991
3a. Date of Last Report 03/21/1996

2. Principal Place of Business 2a. Mailing Address
21 22 23 24 25 26 27 28 29 30
1270 N. EGLIN PKWY.
F
SHALIMAR FL
32579 OK

4. FEI Number 59-3066029
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 JUNE FLAHERTY
82 Street Address (P.O. Box Number is Not Acceptable) 1270 N. EGLIN PKWY.
83 Suite F
84 City SHALIMAR FL 85 Zip Code 32579

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 June A. Flaherty JUNE A. FLAHERTY 2-19-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE T
NAME MANLEY, RICHARD
STREET ADDRESS 184 ENGLIN PK
CITY-ST-ZIP FT WALTON BEACH FL
TITLE DP
NAME HOUGHTON, BRENDA
STREET ADDRESS 32 BAY DR. N.E.
CITY-ST-ZIP FT. WALTON BCH. FL 32548
TITLE P
NAME CZAPLESKI, JOHN
STREET ADDRESS 119 HOLLYWOOD BLVD. STE. 101
CITY-ST-ZIP FT. WALTON BCH. FL
TITLE ED
NAME DEAN, BOB
STREET ADDRESS 237 MARGNIA ST.
CITY-ST-ZIP SANTA ROSA BCH. FL 32459
TITLE D
NAME WILLIAMS, RON
STREET ADDRESS 12 CONTRY RD
CITY-ST-ZIP SHALIMAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE JUNE FLAHERTY
1.2 NAME JUNE FLAHERTY
1.3 STREET ADDRESS 514 SPRING ACRES COVE
1.4 CITY-ST-ZIP NICEVILLE FL. 32578
2.1 TITLE CAROL KEIRAN
2.2 NAME CAROL KEIRAN
2.3 STREET ADDRESS 514 SPRING ACRES COVE
2.4 CITY-ST-ZIP NICEVILLE, FL. 32578
3.1 TITLE GORDON LEOPOLD
3.2 NAME GORDON LEOPOLD
3.3 STREET ADDRESS 3805 MISTY WAY
3.4 CITY-ST-ZIP DESTIN, FL. 32541
4.1 TITLE ROGER SPENCER
4.2 NAME ROGER SPENCER
4.3 STREET ADDRESS 60 SHALIMAR DR.
4.4 CITY-ST-ZIP SHALIMAR, FL. 32579
5.1 TITLE STEVE WILLIAMS
5.2 NAME STEVE WILLIAMS
5.3 STREET ADDRESS 225 NW HOLLYWOOD BLVD.
5.4 CITY-ST-ZIP FT. WALTON Bch., FL. 32548

14. I do 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 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: June A. Flaherty 1-30-97 (904) 651-8382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0074689

CR2E037 (9/96)