

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morfitt</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42719 (7)**  
1. Corporation Name  
**HABITAT FOR HUMANITY IN OKALOOSA COUNTY, INC.**



Principal Place of Business <b>1270 EGLIN PARKWAY SUITE B 13 SHALIMAR FL 32579</b>		Mailing Address <b>1270 N. EGLIN PKWY F SHALIMAR FL 32579 US</b>	
<b>21</b>	<b>2a.</b>	<b>26</b>	<b>27</b>
Suite, Apt #, etc	Suite, Apt #, etc.	City & State	City & State
<b>22</b>	<b>23</b>	<b>28</b>	<b>29</b>
City & State	City & State	Zip	Country
<b>24</b>	<b>25</b>	<b>30</b>	<b>31</b>
Zip	Country	Zip	Country

**3.** Date incorporated or Qualified  
**03/28/1991**

**4.** FEI Number  
**59-3066029**

Applied For	Not Applicable
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**5.** Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6.** Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**7.** Is this nonprofit corporation a homeowners association?  
 Yes  No

**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**

**JUNE FLAHERTY  
1270 EGLIN LARKWAY  
STE F  
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	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MANLEY, RICHARD</b>
STREET ADDRESS	<b>184 ENGLIN PK</b>
CITY - ST - ZIP	<b>FT WALTON BEACH FL</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>HOUGHTON, BRENDA</b>
STREET ADDRESS	<b>32 BAY DR. N.E.</b>
CITY - ST - ZIP	<b>FT. WALTON BCH. FL 32548</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>CZAPLESKI, JOHN</b>
STREET ADDRESS	<b>119 HOLLYWOOD BLVD. STE. 101</b>
CITY - ST - ZIP	<b>FT. WALTON BCH. FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ROGER SPENCER</b>
STREET ADDRESS	<b>80 SHALIMAR DR.</b>
CITY - ST - ZIP	<b>SHALIMAR FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STEVE WILLIAMS</b>
STREET ADDRESS	<b>225 NW HOLLYWOOD BLVD</b>
CITY - ST - ZIP	<b>FT. WALTON BCH FL</b>
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 checked="" type="checkbox"/> Addition
1.2 NAME	<b>D CAROL KEIRAN</b>
1.3 STREET ADDRESS	<b>514 SPRING ACRES CUBE</b>
1.4 CITY - ST - ZIP	<b>NICEVILLE, FL. 32578</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D JOHN HAASS</b>
2.3 STREET ADDRESS	<b>487 ROBERT AVE.</b>
2.4 CITY - ST - ZIP	<b>NICEVILLE, FL. 32578</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D GORDON LEOPOLD</b>
3.3 STREET ADDRESS	<b>3905 HIXTY WAY</b>
3.4 CITY - ST - ZIP	<b>DESTIN, FL. 32541</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**14.** 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 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: *John Czaplinski* **John C Czaplinski** 1/23/98 890-2446363

CR2E037 (10/97)