


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90034 022 ****61.25

0079129

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N42719

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 1270 N. EGLIN PKWY F SHALIMAR FL 32579 US |
|--|---|



| | | | | |
|---|--|--|------------------------------------|---|
| 2. Principal Place of Business 21 238 Eglin Pkwy., N.E. Suite, Apt. #, etc. 22 FT. WALTON Bch., FL. City & State 23 32547 OKALOOSA Zip Country | 2a. Mailing Address 26 238 Eglin Pkwy., N.E. Suite, Apt. #, etc. 27 FT. WALTON Bch., FL. City & State 28 32547 OKALOOSA Zip Country | 3. Date Incorporated or Qualified 03/28/1991 | 4. FEI Number 59-3066029 | Applied For Not Applicable |
| 24 | 25 | 29 | 30 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | |
|---|--|
| 9. Name and Address of Current Registered Agent JUNE FLAHERTY 1270 EGLIN PARKWAY 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) 238 Eglin Pkwy., N.E. 83 84 City FT WALTON Bch., FL 85 Zip Code 32547 |
|---|--|

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEIRNAN, CAROL | 1.2 NAME | |
| STREET ADDRESS | 514 SPRING ACRES COVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NICEVILLE FL 32578 | 1.4 CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 2.1 TITLE | DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOUGHTON, BRENDA | 2.2 NAME | |
| STREET ADDRESS | 32 BAY DR. N.E. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. WALTON BCH. FL 32548 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | LEOPOLD D, Gordon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEOPOLD, GORDN | 3.2 NAME | |
| STREET ADDRESS | 3804 MISTAY ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DESTIN FL 32541 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEVE WILLIAMS | 4.2 NAME | |
| STREET ADDRESS | 225 NW HOLLYWOOD BLVD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. WALTON BCH FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | JOHN CZAPLESKI |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 119 HOLLYWOOD BLVD. NW |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | FT. WALTON Bch FL 32548 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE: *June Flaherty* DATE: 1-8-99 (850) 315-0025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)