

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 # **N43200** (7)

1. Corporation Name

HABITAT FOR HUMANITY OF BOCA-DELRAY, INC.



Principal Place of Business

**600 W. CAMINO REAL
BOCA RATON FL 33486-5523**

Mailing Address

**600 W CAMINO REAL
BOCA RATON FL 33486
US**

3. Date Incorporated or Qualified
04/29/1991

3a. Date of Last Report
05/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0307017

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

10. Name and Address of New Registered Agent

**JOHN SHELLY
600 W CAMINO REAL
BOCA RATON FL 33486**

81 Name

DANIEL P. RIEMER

82 Street Address (P.O. Box Number is Not Acceptable)

600 W. CAMINO REAL BLVD.

83

84 City

BOCA RATON

FL

85 Zip Code

33486

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

Daniel P. Rieme

1-25-96

Signature, typed or printed name of registered agent and his, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	EDD	<input checked="" type="checkbox"/> DELETE
NAME	SHELLY, JOHN	
STREET ADDRESS	600 W.CAMINO REAL	
CITY - ST - ZIP	BOCA RATON FL 33486	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DRECKER, ROBERT	
STREET ADDRESS	600 W.CAMINO REAL	
CITY - ST - ZIP	BOCA RATON FL 33486	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MOYES, BOBBIE	
STREET ADDRESS	600 W.CAMINO REAL	
CITY - ST - ZIP	BOCA RATON FL 33486	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACOBS, GERALD	
STREET ADDRESS	600 W.CAMINO REAL	
CITY - ST - ZIP	BOCA RATON FL 33486	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TRUESDELL, JOHN A	
STREET ADDRESS	6857 ENTRADA PLACE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EXECUTIVE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DANIEL P. RIEMER	
1.3 STREET ADDRESS	600 W. CAMINO REAL BLVD	
1.4 CITY - ST - ZIP	BOCA RATON, FL 33486	
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	SECRETARY - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANNE SURELLE	
3.3 STREET ADDRESS	600 W CAMINO REAL BLVD	
3.4 CITY - ST - ZIP	BOCA RATON, FL 33486	
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	VICE PRESIDENT - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RICHARD ANDERSON	
5.3 STREET ADDRESS	600 W. CAMINO REAL BLVD	
5.4 CITY - ST - ZIP	BOCA RATON, FL 33486	
6.1 TITLE	ASSIST. TREASURER - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MICHAEL CLARK	
6.3 STREET ADDRESS	600 W. CAMINO REAL BLVD	
6.4 CITY - ST - ZIP	BOCA RATON, FL 33486	

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: *Daniel P. Rieme* **DANIEL P. RIEMER** 1/25/96 (407) 394-6070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)