

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

Mailing Address

600 W. CAMINO REAL
BOCA RATON FL 33486-5523

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

28 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

JOHN SHELLY
600 W CAMINO REAL
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

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. Riemer

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EOD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	EXECUTIVE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELLY, JOHN	1.2 NAME	DANIEL P. RIEMER
STREET ADDRESS	600 W. CAMINO REAL	1.3 STREET ADDRESS	600 W. CAMINO REAL BLVD
CITY - ST - ZIP	BOCA RATON FL 33486	1.4 CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRECKER, ROBERT	2.2 NAME	
STREET ADDRESS	600 W. CAMINO REAL	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33486	2.4 CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYES, BOBBIE	3.2 NAME	ANNE SORRELLE
STREET ADDRESS	600 W. CAMINO REAL	3.3 STREET ADDRESS	600 W. CAMINO REAL BLVD
CITY - ST - ZIP	BOCA RATON FL 33486	3.4 CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, GERALD	4.2 NAME	
STREET ADDRESS	600 W. CAMINO REAL	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33486	4.4 CITY - ST - ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VICE PRESIDENT - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUESDELL, JOHN A	5.2 NAME	RICHARD ANDERSON
STREET ADDRESS	6857 ENTRADA PLACE	5.3 STREET ADDRESS	600 W. CAMINO REAL BLVD
CITY - ST - ZIP	BOCA RATON FL	5.4 CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	ASSIST. TREASURER - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MICHAEL CLARK
STREET ADDRESS		6.3 STREET ADDRESS	600 W. CAMINO REAL BLVD
CITY - ST - ZIP		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. Riemer* **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)