

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northan,
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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/29/1991
3a. Date of Last Report 01/31/1996

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 2200 NW 2ND AVE

Suite, Apt. #, etc. 22 STE 209

City & State 23 BOCA RATON FL

Zip 24 33431 Country 25 USA

2a. Mailing Address
26 2200 NW 2ND AVE

Suite, Apt. #, etc. 27 STE 209

City & State 28 BOCA RATON FL

Zip 29 33431 Country 30 USA

9. Name and Address of Current Registered Agent

RIEMER, DANIEL P
600 W. CAMINO REAL BLVD.
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name WILLIAM JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable) 23445 RIO DEL MAR DR
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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 7/20/97

12. OFFICERS AND DIRECTORS

TITLE ED
NAME RIEMER, DANIEL P
STREET ADDRESS 600 W. CAMINO REAL BLVD.
CITY-ST-ZIP BOCA RATON FL ☒ DELETE

TITLE TD
NAME DRECKER, ROBERT
STREET ADDRESS 600 W. CAMINO REAL
CITY-ST-ZIP BOCA RATON FL 33486 ☐ DELETE

TITLE SD
NAME SORRELLE, ANNE
STREET ADDRESS 600 W. CAMINO REAL BLVD.
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE PD
NAME JACOBS, GERALD
STREET ADDRESS 600 W. CAMINO REAL
CITY-ST-ZIP BOCA RATON FL 33486 ☒ DELETE

TITLE AD
NAME ANDERSON, RICHARD
STREET ADDRESS 600 W. CAMINO REAL BLVD.
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE ATD
NAME CLARK, MICHAEL
STREET ADDRESS 600 W. CAMINO REAL BLVD.
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT (D) ☐ Change ☒ Addition
1.2 NAME WILLIAM JOHNSON, WILLIAM
1.3 STREET ADDRESS 2200 N.W. 2ND AVE - STE 209
1.4 CITY-ST-ZIP BOCA RATON FL 33431

2.1 TITLE ASST TREASURER (D) ☒ Change ☐ Addition
2.2 NAME DRECKER, ROBERT
2.3 STREET ADDRESS 2200 N.W. 2ND AVE - STE 209
2.4 CITY-ST-ZIP BOCA RATON FL 33431

3.1 TITLE SECRETARY (D) ☒ Change ☐ Addition
3.2 NAME SORRELLE, ANNE
3.3 STREET ADDRESS 2200 N.W. 2ND AVE - STE 209
3.4 CITY-ST-ZIP BOCA RATON, FL 33431

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 900002267029
4.4 CITY-ST-ZIP -08/14/97--01040--039
***70.00

5.1 TITLE PRESIDENT (D) ☒ Change ☐ Addition
5.2 NAME ANDERSON, RICHARD
5.3 STREET ADDRESS 2200 N.W. 2ND AVE - STE 209
5.4 CITY-ST-ZIP BOCA RATON, FL 33431

6.1 TITLE TREASURER (D) ☒ Change ☐ Addition
6.2 NAME CLARK, MICHAEL
6.3 STREET ADDRESS 2200 N.W. 2ND AVE - STE 209
6.4 CITY-ST-ZIP BOCA RATON FL 33432

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 *[Signature]* MICHAEL J. CLARK

CR2E037 (4/97)