


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

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 28 2200 NW 2ND AVE Suite, Apt. #, etc. 27 STE 209 City & State 29 BOCA RATON FL Zip 29 33431 Country 30 USA
--	---

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 <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

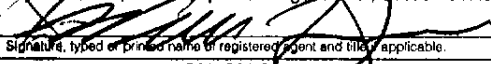
9. Name and Address of Current Registered Agent

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  DATE **7/30/97**

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

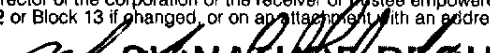
12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED RIEMER, DANIEL P 600 W. CAMINO REAL BLVD. BOCA RATON FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRECKER, ROBERT 600 W. CAMINO REAL BOCA RATON FL 33486	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SORRELLE, ANNE 600 W. CAMINO REAL BLVD. BOCA RATON FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, GERALD 600 W. CAMINO REAL BOCA RATON FL 33486	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD ANDERSON, RICHARD 600 W. CAMINO REAL BLVD. BOCA RATON FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD CLARK, MICHAEL 600 W. CAMINO REAL BLVD. BOCA RATON FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VICE PRESIDENT (D) WILLIAM JOHNSON, WILLIAM 2200 N.W. 2ND AVE - STE 209 BOCA RATON FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ASST TREASURER (D) DRECKER, ROBERT 2200 N.W. 2ND AVE - STE 209 BOCA RATON FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SECRETARY (D) SORRELLE, ANNE (D) 2200 N.W. 2ND AVE - STE 209 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	900002267029 --08/14/97--01040--039 ***70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PRESIDENT (D) ANDERSON, RICHARD (D) 2200 N.W. 2ND AVE - STE 209 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	TREASURER (D) CLARK, MICHAEL (D) 2200 N.W. 2ND AVE - STE 209 BOCA RATON FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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  DATE **7/30/97**

MICHAEL J. CLARK

CR2E037 (4/97)