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Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 2200 NW 2ND AVE SUITE 209 BOCA RATON FL 33431	Mailing Address 2200 NW 2ND AVE SUITE 209 BOCA RATON FL 33431	3. Date Incorporated or Qualified 04/29/1991
		4. FEI Number 65-0307017
		Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	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
		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		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 JOHNSON, WILLIAM 23445 RIO DEL MAR DR. BOCA RATON FL 33486	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD JOHNSON, WILLIAM 220 NW 2ND AVE., SUITE 209 BOCA RATON FL 33431	1.1 TITLE	PD. JOHNSON, WILLIAM 220 NW 2ND AVE., SUITE 209 BOCA RATON, FL 33431
TITLE	ATD DRECKER, ROBERT 2200 NW 2ND AVE. BOCA RATON FL 33431	2.1 TITLE	TD DRECKER, ROBERT 2200 NW 2ND AVE., SUITE 209 BOCA RATON, FL 33431
TITLE	SD SORRELLE, ANNE 2200 NW 2ND AVE., SUITE 209 BOCA RATON FL 33431	3.1 TITLE	SD. CLARK, MICHAEL 2200 N.W. 2ND AVE. - SUITE 209 BOCA RATON, FL 33431
TITLE	PD ANDERSON, RICHARD 2200 NW 2ND AVE., SUITE 209 BOCA RATON FL 33431	4.1 TITLE	VD ANDERSON, RICHARD 2200 N.W. 2ND AVE., SUITE 209 BOCA RATON, FL 33431
TITLE	TD CLARK, MICHAEL 2200 NW 2ND AVE., SUITE 209 BOCA RATON FL 33431	5.1 TITLE	VD FILSON JAMES 2200 NW. 2ND AVE., SUITE 209 BOCA RATON, FL 33431
TITLE		6.1 TITLE	
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		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.

SIGNATURE: *Michael J. Clark* 2-9-98 561-3946070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (optional)

CP2E037 (10/97)