

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43200** (7)  
1. Corporation Name  
**HABITAT FOR HUMANITY OF BOCA-DELRAY, INC.**



Principal Place of Business <b>2200 NW 2ND AVE SUITE 209 BOCA RATON FL 33431</b>		Mailing Address <b>2200 NW 2ND AVE SUITE 209 BOCA RATON FL 33431</b>		3. Date Incorporated or Qualified <b>04/29/1991</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		4. FEI Number <b>65-0307017</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		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 <b>JOHNSON, WILLIAM 23445 RIO DEL MAR DR. BOCA RATON FL 33486</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, WILLIAM	1.2 NAME	JOHNSON, WILLIAM
STREET ADDRESS	220 NW 2ND AVE., SUITE 209	1.3 STREET ADDRESS	220 NW 2ND AVE., SUITE 209
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	ATD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRECKER, ROBERT	2.2 NAME	DRECKER, ROBERT
STREET ADDRESS	2200 NW 2ND AVE.	2.3 STREET ADDRESS	2200 NW 2ND AVE., SUITE 209
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORRELLE, ANNE	3.2 NAME	CLARK, MICHAEL
STREET ADDRESS	2200 NW 2ND AVE., SUITE 209	3.3 STREET ADDRESS	2200 N.W. 2ND AVE. - SUITE 209
CITY-ST-ZIP	BOCA RATON FL 33431	3.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, RICHARD	4.2 NAME	ANDERSON, RICHARD
STREET ADDRESS	2200 NW 2ND AVE., SUITE 209	4.3 STREET ADDRESS	2200 N.W. 2ND AVE., SUITE 209
CITY-ST-ZIP	BOCA RATON FL 33431	4.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, MICHAEL	5.2 NAME	FILSON JAMES
STREET ADDRESS	2200 NW 2ND AVE., SUITE 209	5.3 STREET ADDRESS	2200 NW. 2ND AVE., SUITE 209
CITY-ST-ZIP	BOCA RATON FL 33431	5.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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* 2-9-98 561-394-6070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (10/97)