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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90002 043 \*\*\*\*70.00

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DOCUMENT # N43200

1. Corporation Name

HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY,  
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

99085 - 90002 - 43



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/29/1991

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

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME JOHNSON, WILLIAM  
STREET ADDRESS 220 NW 2ND AVE., SUITE 209  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE TD  
NAME DRECKER, ROBERT  
STREET ADDRESS 2200 NW 2ND AVE., SUITE 209  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE SD  
NAME SORRELLE, ANNE  
STREET ADDRESS 2200 NW 2ND AVE., SUITE 209  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE VD  
NAME ANDERSON, RICHARD  
STREET ADDRESS 2200 NW 2ND AVE., SUITE 209  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE VD  
NAME CLARK, MICHAEL  
STREET ADDRESS 2200 NW 2ND AVE., SUITE 209  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP  
1.2 NAME JOHNSON, WILLIAM  
1.3 STREET ADDRESS 2200 NW 2ND AVE - STE 209  
1.4 CITY-ST-ZIP BOCA RATON, FL 33431

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE PD  
3.2 NAME FILSON, JAMES  
3.3 STREET ADDRESS 2200 NW 2ND AVE - STE 209  
3.4 CITY-ST-ZIP BOCA RATON, FL 33431

4.1 TITLE VP  
4.2 NAME ALLEN, PAM  
4.3 STREET ADDRESS 2200 NW 2ND AVE - STE 209  
4.4 CITY-ST-ZIP BOCA RATON, FL 33431

5.1 TITLE SD  
5.2 NAME CLARK, MICHAEL  
5.3 STREET ADDRESS 2200 NW 2ND AVE - STE 209  
5.4 CITY-ST-ZIP BOCA RATON, FL 33431

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (1/98)