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Feb 23, 1999 8:00 am
Secretary of State

0043471

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

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

DOCUMENT # N43200

1. Corporation Name

HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY, INC.

99085 90002 43

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

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 DELETE

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

TITLE TD DELETE

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

TITLE SD DELETE

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

TITLE VD DELETE

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

TITLE VD DELETE

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

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

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

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

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

4.1 TITLE Change Addition

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

5.1 TITLE Change Addition

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

6.1 TITLE Change Addition

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 all other like empowered.

SIGNATURE:

Katherine Harris
 SECRETARY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-4-99

Daytime Phone #

361-394-6070

CRZE037 (1/198)