

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90056 026 ****70.00

DOCUMENT # N43200

1. Entity Name

HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY.

Principal Place of Business

Mailing Address

2200 NW 2ND AVE
 SUITE 209
 BOCA RATON FL 33431

2200 NW 2ND AVE
 SUITE 209
 BOCA RATON FL 33431-7409

2. Principal Place of Business

3. Mailing Address

2200 NW 2nd Ave
 Suite, Apt. #, etc.
 Suite 209

2200 NW 2nd Ave.
 Suite, Apt. #, etc.
 Suite 209

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip Country
 33431 Palm Beach

Zip Country
 33431 PALM Beach

4. FEI Number

65-0307017

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, WILLIAM
 23445 RIO DEL MAR DR.
 BOCA RATON FL 33486

Name ~~FILSON, JAMES~~

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE William Johnson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP Delete
 NAME JOHNSON, WILLIAM
 STREET ADDRESS 2200 N.W. 2ND AVENUE, SUITE 209
 CITY-ST-ZIP BOCA RATON FL 33431

TITLE VP Change Addition
 NAME Schatten, Catherine
 STREET ADDRESS 2200 NW 2nd Ave, Ste 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 Assist. TD Change Addition
 NAME Gladstone, Fred
 STREET ADDRESS 2200 NW 2nd Ave., Ste. 209, Boca Raton,
 CITY-ST-ZIP FL 33431

TITLE PD Delete
 NAME FILSON, JAMES
 STREET ADDRESS 2200 N.W. 2ND AVENUE, SUITE 209
 CITY-ST-ZIP BOCA RATON FL 33431

TITLE VP Delete
 NAME ALLEN, PAM
 STREET ADDRESS 2200 NW 2ND AVE., SUITE 209
 CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE VP Change Addition
 NAME Ijams, Karl
 STREET ADDRESS 2200 NW 2nd Ave., Ste. 209, Boca Raton
 CITY-ST-ZIP FL 33431

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

TITLE VP Change Addition
 NAME Clark, Michael
 STREET ADDRESS 2200 NW 2nd Ave., Ste. 209
 CITY-ST-ZIP Boca Raton, FL 33431

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Change Addition
 NAME Sides, Daphne
 STREET ADDRESS 2200 NW 2nd Ave., Ste. 209, Boca Raton
 CITY-ST-ZIP FL 33431

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-00

561-394-6070

CR2E037 (9/99)