

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90052 018 *****70.00

DOCUMENT # N43200

1. Entity Name

HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY, INC.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

SCHATTEN, CATHERINE
19543 ESTUARY DRIVE
BOCA RATON FL 33498

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

FILE NOW: FEE IS \$61.25

+ **8.75**
70.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, WILLIAM	
STREET ADDRESS	2200 N.W. 2ND AVENUE, SUITE 209	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DRECKER, ROBERT	
STREET ADDRESS	2200 NW 2ND AVE., SUITE 209	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FILSON, JAMES	
STREET ADDRESS	2200 N.W. 2ND AVENUE, SUITE 209	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, PAM	
STREET ADDRESS	2200 NW 2ND AVE., SUITE 209	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLARK, MICHAEL	
STREET ADDRESS	2200 NW 2ND AVE., SUITE 209	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATHY SCHATTEN, CATHY	
STREET ADDRESS	2200 NW 2ND AVE - STE 209	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL JOHNSON, PAUL	
STREET ADDRESS	2200 NW 2ND AVE - STE 209	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIDES, DAPHNE	
STREET ADDRESS	2200 N.W. 2ND AVE - STE 209	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, MICHAEL	
STREET ADDRESS	2200 NW 2ND AVE - STE 209	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02

Date

561-394-6070

Daytime Phone #

CR2E037 (9/01)