

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90011 044 ****70.00

DOCUMENT # N43200

1. Entity 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**

2. Principal Place of Business

100 E Linton Blvd

Suite, Apt. #, etc.

Suite 203A

City & State

Delray Beach, FL

Zip

33483

Country

USA

3. Mailing Address

100 E Linton Blvd

Suite, Apt. #, etc.

Suite 203A

City & State

Delray Beach, FL

Zip

33483

Country

USA



MOORE

CR2E037 (11/03)

4. FEI Number

65-0307017

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHATTEN, CATHERINE
19552 SATURNIA LAKES DRIVE
BOCA RATON FL 33498**

7. Name and Address of New Registered Agent

Name

Paul Johnson

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

19787 Southhampton Terrace

City

Boca Raton

FL

Zip Code

33434

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul Johnson

Paul Johnson, President

2-4-04

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PPD
SCHATTEN, CATHY
2200 N.W. 2ND AVENUE, SUITE 209
BOCA RATON FL 33431 ☒ Delete

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Paul Johson
100 E Linton Blvd. Ste 203A
Delray Beach, FL 33483 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Judy Ijams
100 E Linton Blvd. Ste 203A
Delray Beach, FL 33483 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
John Shelly
100 E Linton Blvd. Ste 203A
Delray Beach, FL 33483 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Kelly Bradley
100 E Linton Blvd. Ste. 203A
Delray Beach, FL 33483 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Michael Clark
100 E Linton Blvd. Ste 203A
Delray Beach, FL 33483 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Robert Dreker
100 E Linton Blvd. Ste 203A
Delray Beach, FL 33483 ☒ Change ☐ Addition

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:

Paul Johnson

Paul Johnson, President 2/4/04 (561)

819-6070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #