


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90067 019 ****70.00

DOCUMENT # N43200

1. Entity Name
HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY, INC.



40057232



Principal Place of Business
**100 E LINTON BLVD.
 STE. 203A
 DELRAY BEACH, FL 33483**

Mailing Address
**100 E LINTON BLVD.
 STE. 203A
 DELRAY BEACH, FL 33483**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

03282005 Chg-NP CR2E037 (10/03)

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
**JOHNSON, PAUL
 19787 SOUTHAMPTON TERRACE
 BOCA RATON, FL 33498**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul Johnson* **Paul Johnson, President** DATE **4/7/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	JOHNSON, PAUL <input type="checkbox"/> Delete	TITLE VSD	SANTARELLA, JOSEPH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	100E LINTON BLVD., STE. 203A	NAME	100 E. LINTON BLVD., STE. 203A
STREET ADDRESS	DELRAY BEACH, FL 33483	STREET ADDRESS	DELRAY BEACH, FL 33483
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VD	IJAMS, JUDY <input checked="" type="checkbox"/> Delete	TITLE D	IJAMS, JUDY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	100 E LINTON BVLVD. STE. 203A	NAME	100 E. LINTON BLVD., STE. 203A
STREET ADDRESS	DELRAY BEACH, FL 33483	STREET ADDRESS	DELRAY BEACH, FL 33483
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VD	SHELLY, JOHN <input type="checkbox"/> Delete	TITLE D	EMERSON, DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	100 E LINTON BLVD., STE. 203A	NAME	100 E. LINTON BLVD., STE. 203A
STREET ADDRESS	DELRAY BEACH, FL 33483	STREET ADDRESS	DELRAY BEACH, FL 33483
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE SD	BRADLEY, KELLY <input checked="" type="checkbox"/> Delete	TITLE DT	DRECKER, ROBERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	100 E LINTON BLVD. STE. 203A	NAME	100 E. LINTON BLVD., STE. 203A
STREET ADDRESS	DELRAY BEACH, FL 33483	STREET ADDRESS	DELRAY BEACH, FL 33483
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VD	CLARK, MICHAEL <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 E LINTON BLVD., STE. 203A	NAME	
STREET ADDRESS	BOCA RATON, FL 33431	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Paul Johnson* DATE **4/7/05** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR