


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90012 044 ****61.25

DOCUMENT # N43200
 1. Entity Name
HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY, INC.



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**

00005751



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

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

01172006 Chg-NP CR2E037 (11/05)

City & State
 Zip Country

4. FEI Number
65-0307017

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired **\$8.75** Additional Fee Required

JOHNSON, PAUL
19787 SOUTHAMPTON TERRACE
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent

Name **JOSEPH SANTARELLA**

Street Address (P.O. Box Number is Not Acceptable)
4230 N. COUNTY RD

City **GULF STREAM** FL Zip Code **33483**

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

Filing Fee is \$61.25
Due by May 1, 2006

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	PD JOHNSON, PAUL <input checked="" type="checkbox"/> Delete 100E LINTON BLVD., STE. 203A DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SANTARELLA, JOSEPH <input type="checkbox"/> Delete 100 E LINTON BLVD. STE. 203A DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHELLY, JOHN <input type="checkbox"/> Delete 100 E LINTON BLVD., STE. 203A DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMS, JUDY <input type="checkbox"/> Delete 100 E LINTON BLVD. STE. 203A DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMERSON, DAVID <input type="checkbox"/> Delete 100 E LINTON BLVD., STE. 203A BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRECKER, ROBERT <input type="checkbox"/> Delete 100 E LINTON BLVD., STE. 203A BOCA RATON, FL 33431

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PENNY MORGAN 100 E. LINTON BLVD, SUITE 203A DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **JOSEPH SANTARELLA**
 Signature and typed or printed name of signing officer or director

Date: **1/17/06**
 Daytime Phone #: **561-819-6070**