

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43200

FILED
Jun 03, 2008
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0307017 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMPBELL, MICHAEL
100 E. LINTON BLVD STE203A
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ECHOLS, STEPHEN
Address: 100 E LINTON BLVD. STE. 203A
City-St-Zip: DELRAY BEACH, FL 33483

Title: S () Delete
Name: MORGAN, PENNY
Address: 100 E LINTON BLVD., STE. 203A
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: IJAMS, JUDY
Address: 100 E LINTON BLVD. STE. 203A
City-St-Zip: DELRAY BEACH, FL 33483

Title: T () Delete
Name: DRECKER, ROBERT
Address: 100 E LINTON BLVD., STE. 203A
City-St-Zip: DELRAY BEACH, FL 33483

Title: PP () Delete
Name: SANTARELLA, JOSEPH
Address: 100 E LINTON BLVD., STE. 203A
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: MILLER, LEWIS
Address: 100 E LINTON BLVD STE 203A
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MILLER, LEW
Address: 100 E LINTON BLVD., STE. 203A
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: POWERS, MIKE
Address: 100 E LINTON BLVD
City-St-Zip: DELRAY BCH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CAMPBELL

ED

06/03/2008

Electronic Signature of Signing Officer or Director

Date