

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43200

FILED  
Jan 16, 2009  
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 ( )

**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:**

CAMPBELL, MICHAEL  
100 E. LINTON BLVD  
SUITE 203A  
DELRAY BEACH, FL 33483 US

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: MICHAEL CAMPBELL      01/16/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

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

Title: S ( ) Delete  
Name: MILLER, LEW  
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: VP ( ) Delete  
Name: POWERS, MIKE  
Address: 100 E LINTON BLVD  
City-St-Zip: DELRAY BCH, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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      01/16/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date