

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Aug 19, 2009  
Secretary of State**

DOCUMENT# N43200

**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:**181 S.E. 5TH AVE.  
DELRAY BEACH, FL 33483**Current Mailing Address:**100 E LINTON BLVD.  
STE. 203A  
DELRAY BEACH, FL 33483**New Mailing Address:**181 S.E. 5TH AVE.  
DELRAY BEACH, FL 33483**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  
SUITE 203A  
DELRAY BEACH, FL 33483 US**Name and Address of New Registered Agent:**CAMPBELL, MICHAEL  
181 S.E. 5TH AVE.  
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:

08/19/2009

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 33483Title: S ( ) Delete  
Name: MILLER, LEW  
Address: 100 E LINTON BLVD., STE. 203A  
City-St-Zip: DELRAY BEACH, FL 33483Title: D ( ) Delete  
Name: IJAMS, JUDY  
Address: 100 E LINTON BLVD. STE. 203A  
City-St-Zip: DELRAY BEACH, FL 33483Title: T ( ) Delete  
Name: DRECKER, ROBERT  
Address: 100 E LINTON BLVD., STE. 203A  
City-St-Zip: DELRAY BEACH, FL 33483Title: PP (X) Delete  
Name: SANTARELLA, JOSEPH  
Address: 100 E LINTON BLVD., STE. 203A  
City-St-Zip: DELRAY BEACH, FL 33483Title: VP ( ) Delete  
Name: POWERS, MIKE  
Address: 100 E LINTON BLVD  
City-St-Zip: DELRAY BCH, FL 33483**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change ( ) Addition  
Name: ECHOLS, STEPHEN  
Address: 6779 PALM MAR DRIVE  
City-St-Zip: LANTANA, FL 33462Title: S (X) Change ( ) Addition  
Name: HILEMAN, DIANA  
Address: 6271 AMBERWOODS DRIVE  
City-St-Zip: BOCA RATON, FL 33433Title: D (X) Change ( ) Addition  
Name: IJAMS, JUDY  
Address: 1645 N.W. 8TH STREET  
City-St-Zip: BOCA RATON, FL 33486Title: T (X) Change ( ) Addition  
Name: PROFFITTT, NANCY  
Address: 181 S.E. 5TH AVE.  
City-St-Zip: DELRAY BEACH, FL 33483Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: VP (X) Change ( ) Addition  
Name: ADAMS, DAVE  
Address: 15677 BENT CREEK ROAD  
City-St-Zip: WELLINGTON, FL 33414

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: MIKE CAMPBELL

E.D.

08/19/2009

Electronic Signature of Signing Officer or Director

Date