

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43200

**FILED**  
**Jun 16, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

181 S.E. 5TH AVE.  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

181 S.E. 5TH AVE.  
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  
181 S.E. 5TH AVE.  
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  
Name: ECHOLS, STEPHEN  
Address: 6779 PALM MAR DRIVE  
City-St-Zip: LANTANA, FL 33462

Title: S  
Name: HILEMAN, DIANA  
Address: 6271 AMBERWOODS DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: D  
Name: IJAMS, JUDY  
Address: 1645 N.W. 8TH STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: VP  
Name: ADAMS, DAVE  
Address: 15677 BENT CREEK ROAD  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL CAMPBELL

ED

06/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date