

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N48423 (0)**

1. Corporation Name

**HABITAT FOR HUMANITY OF EAST ORANGE COUNTY, INC.**



Principal Place of Business

Mailing Address

P. O. BOX 533993  
ORLANDO FL 32853-3993  
US

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ORLANDO FL 32853-3993  
US

3. Date Incorporated or Qualified

**04/13/1992**

3a. Date of Last Report

**02/14/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3004750**

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

25

Country

29

30

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZWICK, RICHARD  
1071 SHAFFER TRAIL  
OMIEDO FL 32765**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZWICK, RICHARD	
STREET ADDRESS	1071 SHAFFER TRAIL	
CITY-ST-ZIP	OMIEDO FL 32765	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARROLL, LYNN	
STREET ADDRESS	C/O BOO SEIDMAN, 201 S ORANGE AVE STE 950	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BECKER, AMY K	
STREET ADDRESS	C/O PINEL & CARPENTER, 824 N HIGHLANDS AVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DOUGLAS, JEFF	
STREET ADDRESS	C/O ZOM COMPANIES, 2269 LEE RD.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SLAVISH, CECILIA	
STREET ADDRESS	CO SHUTTS & BOWEN 20 N ORANGE AVE STE 1000	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAYNE, LISA	
STREET ADDRESS	7279 SPRINGVILLA CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32819	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	HEIDRICH, AMY
3.4 CITY-ST-ZIP	C/O PINEL & CARPENTER, 824 N HIGHLAND AVE ORLANDO, FL 32803
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	BAHNSON, JEFF
4.4 CITY-ST-ZIP	4235 BAY POINT DR. ORLANDO, FL 32819
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	BILLSEBROUGH, VALERIE
5.4 CITY-ST-ZIP	1701 E. WASHINGTON ST. ORLANDO, FL 32803
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	SHINN, BILL
6.4 CITY-ST-ZIP	1875 CARILLON DR. OMIEDO, FL 32765

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 regayer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

Date

Daytime Phone #

CR2E037 (12/95)