

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48423 (0)
1. Corporation Name
HABITAT FOR HUMANITY OF EAST ORANGE COUNTY, INC.

Principal Place of Business
**P. O. BOX 533993
ORLANDO FL 32853-3993
US**

Mailing Address
**P. O. BOX 533993
ORLANDO FL 32853-3993
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/13/1992	3a. Date of Last Report 02/12/1996
21		26		4. FEI Number 59-3004750	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZWICK, RICHARD
1071 SHAFFER TRAIL
OVIEDO 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWICK, RICHARD	1.2 NAME	
STREET ADDRESS	1071 SHAFFER TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, LYNN	2.2 NAME	CARROLL, LYNN
STREET ADDRESS	C/O BDO SEIDMAN, 201 S ORANGE AVE STE 950	2.3 STREET ADDRESS	6225 WESTGATE DR
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	ORLANDO FL 32835
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDRICH, AMY	3.2 NAME	
STREET ADDRESS	824 N. HIGHLAND AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAHNSEN, JEFF	4.2 NAME	
STREET ADDRESS	9235 BAY POINTE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLSBOROUGH, VALERIE	5.2 NAME	
STREET ADDRESS	1701 E. WASHINGTON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINN, BILL	6.2 NAME	
STREET ADDRESS	1805 CARILLON DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver 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: Lynn Carroll REQUIRED

2/24/97

521-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017948

CR2E037 (9/96)