

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49047

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** HABITAT FOR HUMANITY OF ST. AUGUSTINE/ST. JOHNS COUNTY, INC.

**Current Principal Place of Business:**

SEVEN HOPKINS STREET  
SAINT AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

SEVEN HOPKINS STREET  
SAINT AUGUSTINE, FL 32084 US

**New Mailing Address:**

FEI Number: 59-3129794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

QUICK, DIANE  
618 RIVER RUN BLVD.  
ST AUGUSTINE, FL 32081 US

**Name and Address of New Registered Agent:**

QUICK, DIANE  
7 HOPKINS STREET  
ST. AUGUSTINE, FL 32084 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:

02/18/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CONWAY, JOHN R  
Address: 132 ZAMORA ST  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: TRES  
Name: ANDERSON, LOUISE  
Address: 1301 PLANTATION ISLAND DR, #205A  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

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: JOHN R. CONWAY

PRES

02/18/2010

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

\_\_\_\_\_  
Date