


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50727** (9)

1. Corporation Name

LIGHTHOUSE HABITAT FOR HUMANITY, INC.



Principal Place of Business 580 N. U.S. HIGHWAY 1 TEQUESTA FL 33469	Mailing Address P O BOX 1684 JUPITER FL 33468-1684 US
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3. Date Incorporated or Qualified **09/08/1992** 3a. Date of Last Report **10/07/1996**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number **65-0358182** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

**EDELMANN, SHEILA
18432 S.E. HERITAGE DR.
TEQUESTA FL 33469**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 000002199710
84 City -06/03/97--01044-024 85 Zip Code ***61.25 FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELMAN, SHEILA	1.2 NAME	FRANCIS E. GREEN JR
STREET ADDRESS	18432 S.E. HERITAGE DR.	1.3 STREET ADDRESS	19040 SE ROBERT DR
CITY-ST-ZIP	TEQUESTA FL 33469	1.4 CITY-ST-ZIP	TEQUESTA FL 33469
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSONS, PAMELA	2.2 NAME	MARTIN GOUYD
STREET ADDRESS	127 DUNES EDGE RD	2.3 STREET ADDRESS	201 SEA OATS DR # E
CITY-ST-ZIP	JUPITER FL 33477	2.4 CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JON	3.2 NAME	TOY GOUYD
STREET ADDRESS	111 MAPLECREST DR.	3.3 STREET ADDRESS	201 SEA OATS DR # E
CITY-ST-ZIP	JUPITER FL 33458	3.4 CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALTER, BARBARA	4.2 NAME	ANITA Mc KERNAN
STREET ADDRESS	2201 MARINA WAY #106	4.3 STREET ADDRESS	PO BOX 4132 3900 County Line Rd
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	TEQUESTA FL 33469
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFEY, PAM	5.2 NAME	VERLIE SMITH
STREET ADDRESS	337 E. INDIANTOWN RD. #8	5.3 STREET ADDRESS	PO BOX 1295
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	JUPITER FL 33468
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONE, DIANE	6.2 NAME	BARBARA G WATSON
STREET ADDRESS	1515 DONALD ROAD	6.3 STREET ADDRESS	5742 PENNAOK POINT RD
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP	JUPITER FL 33458

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 _____ DATE **4.11.97**

CR2E037 (9/96)