


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50727  
1. Corporation Name  
Lighthouse Habitat for  
Humanity, Inc.

Principal Place of Business Mailing Address SAME  
578 N. U.S. Highway One  
Tequesta, FL 33469

3. Date Incorporated or Qualified  
9-8-1992

4. FEI Number Applied For  
65-0358182 Not Applicable

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

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

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Edelmann, Sheila  
18432 S.E. Heritage Dr.  
Tequesta, FL 33469

10. Name and Address of New Registered Agent

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 title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	Pres. <input type="checkbox"/> DELETE
NAME	Edelmann, Sheila
STREET ADDRESS	18432 S.E. Heritage Dr.
CITY-ST-ZIP	Tequesta, FL 33469
TITLE	V. Pres. <input type="checkbox"/> DELETE
NAME	Coffey, Pamela B.
STREET ADDRESS	337 E. Indiantown Rd. #6
CITY-ST-ZIP	Jupiter, FL 33458
TITLE	T.R. <input type="checkbox"/> DELETE
NAME	Persons, Pamela G.
STREET ADDRESS	127 Dunes Edge Rd.
CITY-ST-ZIP	Jupiter, FL 33477
TITLE	Sec. <input type="checkbox"/> DELETE
NAME	Grouyd, Martin S.
STREET ADDRESS	201 Sea Cats Dr. #E
CITY-ST-ZIP	Juno Beach, FL 33408
TITLE	DIRECTOR: <input type="checkbox"/> DELETE
NAME	N/A
STREET ADDRESS	Perry, Elliot
CITY-ST-ZIP	P.O. Box 3713
	Tequesta, FL 33469
TITLE	DIRECTOR: <input type="checkbox"/> DELETE
NAME	Burin, Mark M.
STREET ADDRESS	2201 Marina Isle Way #504
CITY-ST-ZIP	Jupiter, FL 33477

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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DIRECTOR:  
Perry, Elliot  
P.O. Box 3713 N/A  
Tequesta, FL 33469

DIRECTOR:  
MARK BURIN  
2201 Marina Isle Way #504  
Jupiter, FL 33477

14. I 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: Pamela G. Persons, Treasurer 47-98 (561)745-1884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)