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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50727

1. Corporation Name

LIGHTHOUSE HABITAT FOR HUMANITY, INC.

Principal Place of Business
578 NORTH U.S. HIGHWAY ONE
TEQUESTA FL 33469

Mailing Address
578 NORTH U.S. HIGHWAY ONE
TEQUESTA FL 33469



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0358182	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

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	Joy Gouyd
82	Street Address (P.O. Box Number is Not Acceptable)	40 578 N. U.S. Hwy. One
83		
84	City	Tequesta
85	Zip Code	FL 33469

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 *Joy Gouyd* (NOTE: Registered Agent signature required when reinstating) DATE **3/17/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P President
NAME	EDELMANN, SHEILA	1.2 NAME	Joy Gouyd
STREET ADDRESS	18432 S.E. HERITAGE DRIVE	1.3 STREET ADDRESS	201 Sea Oats Drive #E
CITY-ST-ZIP	TEQUESTA FL 33469	1.4 CITY-ST-ZIP	Juno Beach FL 33408
TITLE	VP	2.1 TITLE	VP Vice-President
NAME	COFFEY, PAMELA B	2.2 NAME	Pamela Coffey
STREET ADDRESS	337 EAST INDIANTOWN ROAD #6	2.3 STREET ADDRESS	137 Hampton Circle
CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE	TR	3.1 TITLE	T Treasurer
NAME	PERSONS, PAMELA G	3.2 NAME	Joni Judd
STREET ADDRESS	127 DUNES EDGE ROAD	3.3 STREET ADDRESS	916 Dolphin Drive
CITY-ST-ZIP	JUPITER FL 33477	3.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE	S	4.1 TITLE	S Secretary
NAME	GOUYD, MARTIN S	4.2 NAME	Janet Rodger
STREET ADDRESS	201 SEA OATS DRIVE #E	4.3 STREET ADDRESS	13831 188th Place North
CITY-ST-ZIP	JUNO BEACH FL 33408	4.4 CITY-ST-ZIP	Jupiter, FL 33478
TITLE	D	5.1 TITLE	D Director
NAME	PERRY, ELLIOT	5.2 NAME	Mark Burin
STREET ADDRESS	P.O. BOX 3713 N/A	5.3 STREET ADDRESS	2201 Marina Isle Way #504
CITY-ST-ZIP	TEQUESTA FL 33469	5.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	D	6.1 TITLE	D Director
NAME	BURIN, MARK	6.2 NAME	Elliot Perry
STREET ADDRESS	2201 MARINA ISLE WAY #504	6.3 STREET ADDRESS	4242 Mark Street
CITY-ST-ZIP	JUPITER FL 33477	6.4 CITY-ST-ZIP	Tequesta, FL 33469

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, with all other like empowered.

SIGNATURE: *Joy Gouyd* SIGNATURE REQUIRED: *Joy Gouyd* President 2-10-99 561-746-4848

CR2E037 (1/98)