
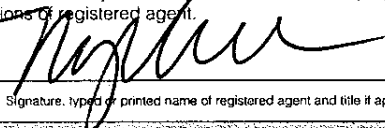
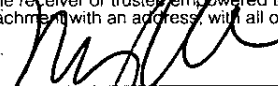


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90049 027 \*\*\*\*70.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # N50727</b><br>1. Entity Name<br><b>LIGHTHOUSE HABITAT FOR HUMANITY, INC.</b>  |  |   |  |    |  |
| Principal Place of Business<br><b>1635 NORTH OLD DIXIE HWY<br/>TEQUESTA FL 33469</b>  |  |   | Mailing Address<br><b>1635 NORTH OLD DIXIE HWY<br/>TEQUESTA FL 33469</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |  |   |  |
| City & State  |  | City & State  |  | 4. FEI Number<br><b>65-0358182</b>  |  |
| Zip   |  | Country   |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BURIN, MARK<br/>1635 NORTH OLD DIXIE HWY<br/>TEQUESTA FL 33469</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>NANCY KLINE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1635 NORTH OLD DIXIE HWY</b><br>City <b>TEQUESTA</b> <b>FL</b> Zip Code <b>33469</b> |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br><div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE <br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>EXECUTIVE DIRECTOR</b> </div> <div style="width: 30%; text-align: right;"> <b>2-16-04</b><br/> <small>DATE</small> </div> </div> |  |   |  |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make Check Payable to Florida Department of State</b>  |  |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>             |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>MCGOWAN, JOHN<br>31 E. SADDLEBROOK AVE.<br>TEQUESTA FL 33469 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>RITTER, ROBERT<br>9015 SE ATHANA ST.<br>HOBE SOUND FL 33455 | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>SALLABI, BEA<br>34 CHESTNUT TRAIL<br>TEQUESTA FL 33469       | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>BARTLETT, ALLAN<br>124 BAYBERRY CIRCLE<br>JUPITER FL 33458   | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.   |  |   |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>SIGNATURE:</b>  </div> <div style="width: 30%; text-align: center;"> <b>NANCY KLINE</b> </div> <div style="width: 30%; text-align: right;"> <b>2-16-04</b><br/> <small>Date</small> </div> </div>  |  |   |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"></div> <div style="width: 30%; text-align: center;"> <b>561-743-7526</b><br/> <small>Daytime Phone #</small> </div> <div style="width: 30%;"></div> </div>  |  |   |  |   |  |