


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90046 035 ****70.00

DOCUMENT # N50727 1. Entity Name LIGHTHOUSE HABITAT FOR HUMANITY, INC.					
Principal Place of Business 1635 NORTH OLD DIXIR HWY TEQUESTA, FL 33469			Mailing Address 1635 NORTH OLD DIXIR HWY TEQUESTA, FL 33469		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0358182			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KLINE, NANCY 1635 NORTH OLD DIXIE HWY TEQUESTA, FL 33469			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD		<input type="checkbox"/> Delete		
NAME	MCGOWAN, JOHN				
STREET ADDRESS	31 E. SADDLEBROOK AVE.				
CITY-ST-ZIP	TEQUESTA, FL 33469				
TITLE	VPD		<input checked="" type="checkbox"/> Delete		
NAME	GALLABY, BOB				
STREET ADDRESS	34 CHESTNUT TRAIL				
CITY-ST-ZIP	TEQUESTA, FL 33469				
TITLE	SD		<input type="checkbox"/> Delete		
NAME	YEAGER, TERRY				
STREET ADDRESS	147 SAND PINE DR.				
CITY-ST-ZIP	JUPITER, FL 33477				
TITLE	TD		<input type="checkbox"/> Delete		
NAME	HOLTON, JOHN				
STREET ADDRESS	50 BEACH RD				
CITY-ST-ZIP	JUPITER, FL 33469				
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	PAST PRESIDENT		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGOWAN, JOHN				
STREET ADDRESS	31 E. SADDLEBROOK AVE				
CITY-ST-ZIP	TEQUESTA, FL 33469				
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	PD/TD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLTON, JOHN				
STREET ADDRESS	50 BEACH RD				
CITY-ST-ZIP	JUPITER, FL 33469				
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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.					
SIGNATURE: <u>John Holton</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 3/23/05				Daytime Phone # 561-743-7526	