2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50727

LIGHTHOUSE HABITAT FOR HUMANITY, INC.



FILED Feb 10, 2003 8:00 am § Secretary of State 02-10-2003 90230 001 ****70.00



Principal Place of Business			Mailing Address									
578 NORTH U.S. HIGHWAY ONE TEQUESTA FL 33469			578 NORTH U.S. HIGHWAY ONE TEQUESTA FL 33469			}						
							1881/18/ 88/ 8	<u> </u>	Di Bubil alaki i		11 2 2) 1 2013 1024	
2. Principal Place of Business 1635, NORTH DID DIVIEHW			3. Mailing Address 1635 NORTH OLD DIXIE HWY									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
Jupit	U FL	Jupiter, FL				4. FEI Number 65-0358182				Applied For		
Zip 33	3469;	USA Zip 33469		Country USA			5. Certificate of Status Desired S8.75 Fee Requ				Additional	
	6. Name	and Address of Current	Registered Agent			<u> </u>	7. Name and Add	ress of New Reg				
	,			Name						<u> </u>		
BURIN,					Street Ad	idress (P.0	D. Box Number is I	Vot Accentable)				
	JS HWY ONE		_	1635 NOX			PO Box Number is Not Acceptable)					
TEQUESTA FL 33469												
9 The about	o named antib.	The state of the s		_	CityJu	piter		-	FL	Zip Co	LA	
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 Studio Marioline 1/31/02												
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
		PEE 13 \$01.23	ontributio		□ Å.	5.00 May Be dded to Fees	iviake Florida	Departm	ayable	to State		
10.		OFFICERS AND DIR	ECTORS	11.		ADI	DITIONS/CHANGE	S TO OFFICERS	AND DIREC	CTORS	N 10	
TITLE	PD	· ·	Delete	TITLE		P $lacksquare$				Change	☐ Addition	
NAME STREET ADDRESS	BURIN, MAR	(K		NAME	7	mcBe	Saddiaba	hn	-			
CITY-ST-ZIP	JUPITER FL	IA ISLA WAY, #504		STREET ADDRESS 318			Saddiaba	ck Ava.				
TITLE	VPD	334//		1	51-217	Tagu	esta FL	33469				
NAME	MCGOWAN,	IOHN	Delete	TITLE	يا	IPB		• •	<u> </u>] Change	Addition	
STREET ADDRESS	31 E. SADD	LEBACK AVE		NAME	ADDRESS	Killer	, Robert SE Athan	Cl- 4	_			
CITY-ST-ZIP	TEQUESTA			CITY-S			SE Athan	1a_Str44T				
TITLE	SD		Delete	TITLE		5000 50	Sound, F	<u>U 33450</u>				
NAME	RITTER, RO		CS Durite	NAME *			Sallabi		<u> </u>	Change	Addition	
STREET ADDRESS	9015 SE ATI	HANA STREET		STREET	ADDRESS 2	34 C	hastnut	Trail			- 7	
CITY-ST-ZIP	HOBE SOUN	ID FL 33455		CITY-S	T-ZIP		sta FL					
TITLE	ID ;		العباد Delete	TITLE		TK			757	Change	☐ Addition	
NAME STREET ADDRESS	Bartlett, A 124 Bayber	ALLAN PDV CIDCLE		NAME	4	Bart	ett, Allan Boyberry er. FL 3	٠, پ	_	- mange		
CITY-ST-ZIP	JUPITER FL				ADDRESS /	124 E	Boybarry	Circle				
TITLE	OUTTERT	00400		CITY-ST	1-21P	Inbit	er, F2 3	3458				
NAME			☐ Delete	TITLE NAME		-		=		Change	☐ Addition	
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP		_		CITY-ST								
TITLE	est).		☐ Delete	TITLE		-				<u> </u>	<u></u>	
NAME	A SE	pu -		NAME	1					Change	Addition	
STREET ADDRESS	统			STREET A	ADDRESS							
CITY-ST-ZIP				CITY-ST								
indicated	ertity that the int	formation supplied with the	is filing does not qualify for the	ne exemp	tion stated	in Section	119.07(3)(i), Flori	da Statutes. I furth	ner certify th	at the in	formation	

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, I further certify that the information of 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

SIGNATURE:

561-743-7526