FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000695

1. Corporation Name
Homestead Habitat for Humanity, Inc.

Principal Place of Business / Mailing Address
~~10 Palms Plaza~~
~~Homestead, FL 33030~~
~~U.S.A.~~

3. Date Incorporated or Qualified: 12/9/92
3a. Date of Last Report: 4/7/95
4. FEI Number: 65-0374112 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21: 15600 SW 288 Street
22 Suite, Apt. #, etc.: Suite 202
23 City & State: Homestead, Florida
24 Zip: 33033 — 25 Country: US

2a. Mailing Address C/O
26: Michael Steven Greene, Esq.
27 Suite, Apt. #, etc.: 201 S. Biscayne Blvd., Suite 900
28 City & State: Miami, Florida
29 Zip: 33131 — 30 Country: U.S.A.

9. Name and Address of Current Registered Agent
~~Perry Adair~~
~~432 N. Washington Avenue~~
~~Homestead, FL 33030~~
~~U.S.A.~~

10. Name and Address of New Registered Agent
81 Name: Michael Steven Greene, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 201 South Biscayne Boulevard
83: Suite 900
84 City: Miami — 85: FL — 86 Zip Code: 33131

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: Michael Steven Greene — March 28, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Hollon, John 10 Palms Plaza Homestead, FL 33030 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CD Perry, Eliza 15600 S.W. 288 St., Suite 202 Homestead, FL 33033 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD Perry, Eliza D. 10 Palms Plaza Homestead, FL 33030 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VCD McAllister, EO "Red" 15600 S.W. 288 St., Suite 202 Homestead, FL 33033 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Rees, Evan 10 Palms Plaza Homestead, FL 33030 ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T Guest, James 15600 S.W. 288 St., Suite 202 Homestead, FL 33033 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Cole, Mary L. 10 Palms Plaza Homestead, FL 33030 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD Cole, Mary Louise 15600 S.W. 288 St., Suite 202 Homestead, FL 33033 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Adair, Dorothy 10 Palms Plaza Homestead, FL 33030 ☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Ex.D Joseph Ciarmataro 15600 S.W. 288 St., Suite 202 Homestead, FL 33030 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	900001765915 -04/04/96--01044--010 ***61.25 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Eliza D. Perry — 3/21/96 — (305) 247-0847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Eliza Perry, Chairman — Date — Daytime Phone #

CR2E037 (12/95)

4-4-96