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FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000695 (8)

1. Corporation Name

HOMESTEAD HABITAT FOR HUMANITY, INC.



Principal Place of Business

Mailing Address

15600 SW 288 STREET
SUITE 202
HOMESTEAD FL 33033
US~~MICHAEL STEVEN GREENE-ESQ.~~
201 SOUTH BISCAYNE BOULEVARD STE. 900
MIAMI FL 33131-43263. Date Incorporated or Qualified
12/07/19923a. Date of Last Report
04/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Michael Steven Greene Esq.

27 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number

65-0374112

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GREENE, MICHAEL STEVEN ESQ.~~
~~6201 SOUTH BISCAYNE BOULEVARD~~
~~SUITE 900~~
~~MIAMI FL 33131~~

81 Name

Greene, Michael Steven Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

201 S. Biscayne Blvd.

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0802 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.

Michael Steven Greene

1/14/97

SIGNATURE

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 VCD ☐ DELETE
NAME MCALLISTER, EO "RED"
STREET ADDRESS 15600 S.W. 288 ST., STE. 202
CITY-ST-ZIP HOMESTEAD FL 330331.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE CD ☐ DELETE
NAME PERRY, ELIZA
STREET ADDRESS 15600 S. W. 288 ST., SUITE 202
CITY-ST-ZIP HOMESTEAD FL 330332.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME QUEST, JAMES
STREET ADDRESS 15600 S.W. 288 ST., STE. 202
CITY-ST-ZIP HOMESTEAD FL 330333.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME COLE, MARY L
STREET ADDRESS 15600 S.W. 288 ST., SUITE 202
CITY-ST-ZIP HOMESTEAD FL 330334.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE EX.D ☐ DELETE
NAME CIARMATARO, JOSEPH
STREET ADDRESS 15600 S.W. 288 ST., STE. 202
CITY-ST-ZIP HOMESTEAD FL 330335.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/97

305-247-0847

Date

Daytime Phone # 0026518

CR2E037 (9/96)