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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA 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. 800~~ ~~MIAMI FL 33131~~ ~~US~~

2. Principal Place of Business 21 9350 South Dadeland Blvd	2a. Mailing Address 26 P.O. Box 560954
Suite, Apt. #, etc. 22 #200	Suite, Apt. #, etc. 27
City & State 23 Miami Florida	City & State 28 Miami Florida
Zip / Country 24 33256 / 25 /	Zip / Country 29 33256 / 30 ~~Canada~~ USA

3. Date Incorporated or Qualified: 12/07/1992

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~GREENE, MICHAEL STEVEN E~~ ~~201 S BISCAYNE BLVD~~ ~~MIAMI FL 33131~~	81 Name: Richard Weber 82 Street Address (P.O. Box Number is Not Acceptable): Habitat for Humanity 83: 226 N Laura St 84 City: Jacksonville FL 85 Zip Code: 32202

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 _____ 4/26/98
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	1.1 TITLE	☒ Change ☐ Addition: Secretary
NAME	MCALLISTER, EO "RED"		1.2 NAME	Regina Hopkins, D
STREET ADDRESS	15600 S.W. 288 ST., STE. 202		1.3 STREET ADDRESS	121 Habitat St
CITY-ST-ZIP	HOMESTEAD FL 33033		1.4 CITY-ST-ZIP	Americus GA 31709 D
TITLE	CD	☒ DELETE	2.1 TITLE	☐ Change ☒ Addition: Vice Chair
NAME	PERRY, ELIZA		2.2 NAME	Millard Fuller, D
STREET ADDRESS	15600 S. W. 288 ST., SUITE 202		2.3 STREET ADDRESS	121 Habitat St
CITY-ST-ZIP	HOMESTEAD FL 33033		2.4 CITY-ST-ZIP	Ancricus GA 31709 D
TITLE	T	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition: Chair
NAME	GUEST, JAMES		3.2 NAME	Ted Swusher, D
STREET ADDRESS	15600 S.W. 288 ST., STE. 202		3.3 STREET ADDRESS	121 Habitat St
CITY-ST-ZIP	HOMESTEAD FL 33033		3.4 CITY-ST-ZIP	Americus GA 31709 D
TITLE	SD	☒ DELETE	4.1 TITLE	☐ Change ☒ Addition: Treasurer
NAME	COLE, MARY L		4.2 NAME	David Williams, D
STREET ADDRESS	15600 S.W. 288 ST., SUITE 202		4.3 STREET ADDRESS	121 Habitat St.
CITY-ST-ZIP	HOMESTEAD FL 33033		4.4 CITY-ST-ZIP	Americus GA 31709 D
TITLE	EX.D	☒ DELETE	5.1 TITLE	☐ Change ☒ Addition: Director
NAME	CIARMATARO, JOSEPH		5.2 NAME	David Snell, D
STREET ADDRESS	15600 S.W. 288 ST., STE. 202		5.3 STREET ADDRESS	121 Monroe St
CITY-ST-ZIP	HOMESTEAD FL 33033		5.4 CITY-ST-ZIP	Colorado Springs CO 80904 D
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. 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 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: _____ 4/26/98