

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N92000000794 (9)**  
1. Corporation Name  
**FLAGLER HABITAT FOR HUMANITY, INC.**



Principal Place of Business <b>5200 BELLE TERRE PKWY PALM COAST FL 32137</b>	Mailing Address <b>P. O. BOX 351486 PALM COAST FL 32135-1486</b>
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3. Date Incorporated or Qualified <b>12/14/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
22 City & State <b>23</b>	27 City & State <b>28</b>
24 Zip <b>25</b> Country	29 Zip <b>30</b> Country

4. FEI Number <b>59-3172803</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CUFF, ROBERT G JR.  
1 CORPORATE DR  
PALM COAST FL 32151**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WARREN, CHUCK</b>	
STREET ADDRESS	<b>10 VILLAGE LN</b>	
CITY-ST-ZIP	<b>PALM COAST FL</b>	
TITLE	<b>D VP</b>	<input type="checkbox"/> DELETE
NAME	<b>REILLY, JANET M</b>	
STREET ADDRESS	<b>14 WOODSHIRE LN</b>	
CITY-ST-ZIP	<b>PALM COAST FL</b>	
TITLE	<b>D P</b>	<input type="checkbox"/> DELETE
NAME	<b>STICKLE, SINCLAIR W</b>	
STREET ADDRESS	<b>38 SHERBURY CT.</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CUFF, ROBERT</b>	
STREET ADDRESS	<b>142 BREN MAR LANE</b>	
CITY-ST-ZIP	<b>PALM COAST FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>QUAGLIANO, MARIE</b>	
STREET ADDRESS	<b>50 CLUBHOUSE DR</b>	
CITY-ST-ZIP	<b>PALM COAST FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>DIS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MARY JO MARTIN</b>	
1.3 STREET ADDRESS	<b>118 WESTLEE LN.</b>	
1.4 CITY-ST-ZIP	<b>PALM COAST, FL 32164</b>	
2.1 TITLE	<b>DIT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DAVID HENDERSON</b>	
2.3 STREET ADDRESS	<b>18 CEDARDALE CT.</b>	
2.4 CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>LARRY MARTIN</b>	
3.3 STREET ADDRESS	<b>118 WESTLEE LN.</b>	
3.4 CITY-ST-ZIP	<b>PALM COAST, FL 32164</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>TOBI BURDEN</b>	
4.3 STREET ADDRESS	<b>59 ISLAND ESTATES PKWY</b>	
4.4 CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>REV ROBERT STUART</b>	
5.3 STREET ADDRESS	<b>P.O. BOX 350604</b>	
5.4 CITY-ST-ZIP	<b>PALM COAST, FL 32135</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>JANIE DOOLEY</b>	
6.3 STREET ADDRESS	<b>1 ROMA CT.</b>	
6.4 CITY-ST-ZIP	<b>PALM COAST, FL 32164</b>	

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 if changed, or on an attachment with an address.

CP2E037 (9/96)

**Flagler Habitat for Humanity, Inc.**

**Additional Directors:**

**John Fracek  
4984 Palm Coast Parkway, Suite 5  
Palm Coast, FL 32164**

**Bill Murphy  
2 Flower Hill Dr.  
Palm Coast, FL 32137**

**Sally Murphy  
2 Flower Hill Dr.  
Palm Coast, FL 32137**