FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9200000794 (9)

FLAGLER HABITAT FOR HUMANITY, INC.

FILED May 20 1998 8:00am Secretary of State

LAGEER FIADITAL FOR HOMARITT, 1800.						
Principal Place of Business		Mailing Address				- I I DOVINO: DIO FOINE FROM DOMA DOMI DOMI DOMI DOMI DOMI DOMI PODRO DEMI GRANDA DE PARA PRODU
P. O. BOX 351486 PALM COAST FL 32135 PALM COAST FL 32135 PALM COAST FL 32135						3. Date Incorporated or Qualified 12/14/1992 4. FEI Number Applied For 59-3172803 Not Applicable
2. Principal Place of Business 2a. Mailing Address				_		CO 75 Additional
21		26				5. Certificate of Status Desired Fee Required
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	6	City & State				7. Is this nonprofit corporation a homeowners association?
23		28			☐ Yes 🗷 No	
Zip			Cour	ntry		8. This corporation owes or has pald the current year intangible
24	9. Name and Address of Curren	29 30				Personal Property Tax due June 30. Yes No N A 10. Name and Address of New Registered Agent
	y. Name and Address of Curren	r registered Agent		81	Name	10. Name and Address of New Registered Agent
CHEE E	OREDT G. IR					
Cuff, robert g jr. 1 Corporate dr				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	OAST FL 32151		1	83		
			ŀ	84	City	85 Zip Code
44-5						FL 60 20 0000
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 lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.)				Ager	nt signature require	ed when reinstating) DATE
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D OUT OF THE O	DELETE	1.1 317		38	ERNARD M. SHERIDAN Change Addition
NAME	WARREN, CHUCK		1.2 NA!		5	LAUREL DAK PL. DP
STREET ADDRESS	ALL COLOT FI		1		ADDRESS FALIN COAST FL 32137	
CITY-ST-ZIP TITLE	DVP	DELETE	1.4 CiTY- 2.1 TITLE		-217	ONAL O BROGLIO Change Addition
NAME	REILLY, JANET M		2.2 NAJ		T-7/	DARLY DEGLIS DYP
STREET ADDRESS	A COMPANY AND A				ADDRESS 4	AVENDE
CITY-ST-ZIP	B4444 GB4 GT F1		2.4 CITY-ST-ZIP		L	ALM COAST Cu 32-137
TITLE	DR	☐ DELETE	TE 3.1 TITLE			OFI BURDEN Change MAddition
NAME	STICKLE, SINCLAIR W		3.2 NAN		٠,	G ISLAND ESTATES PRWY D
STREET ADDRESS	36 SHERBURY CT.		3.3 STF	REET /	ADDRESS 5	ALM COAST FL 32437
CITY-ST-ZIP	PALM COAST FL	DELETE	3.4. Cr		T-ZIP //	
TITLE NAME	D Cuff, robert		4.1 TITE 4.2 NA	-	\mathcal{B}_{l}	ARBARA BOLDUK- Change Addition
STREET ADDRESS	142 BREN MAR LANE				ADDRESS 3	3 WOODLYN LA
CITY-ST-ZIP	PALM COAST FL		4.4 CIT			PRLM COAST FL. 32137
TITLE	DS	▼ DELETE	5.1 TIT		1	MALE SCITIAL Change Addition
NAME	MARTIN, MARY JO	•	5.2 NAI	ME	17/2	TO GOLT CAROLINE LA
STREET ADDRESS	118 WESTLEE LANE		5.3 STR	REET /	ADDRESS	10 M Cols Fr. 32137
CITY-ST-ZIP	PALM COAST FL		5.4 CIT		i-ZIP	THEIT CONST
TITLE	on D	☐ DELETE	6.1 TAT(N2	DONALD LERNER Change MAddition
NAME	HENDERSON, DAVID		6.2 NAI		10	NE CAPRI COURT
STREET ADDRESS	18 CEDARDALE CT.		6.3 STF	EET A	ADDRESS 0	PAM CASE EL 37137

14. Thereby 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 to on an attachment with any adpress.

1-7-98

446-4815