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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N92000000794

1. Corporation Name

FLAGLER HABITAT FOR HUMANITY, INC.

Principal Place of Business

25 FLORIDA PARK DR
 PALM COAST FL 32137
 US

Mailing Address

P. O. BOX 351486
 PALM COAST FL 32135



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/14/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3172803	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CUFF, ROBERT G JR. 1 CORPORATE DR PALM COAST FL 32151				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERIDAN, BERNARD M	1.2 NAME	DON LERNER
STREET ADDRESS	5 LAUREL OAK PL	1.3 STREET ADDRESS	1 CAPRI COURT
CITY-ST-ZIP	PALM COAST FL 32137	1.4 CITY-ST-ZIP	PALM COAST FL 32137
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D TOM LISTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REILLY, JANET M	2.2 NAME	8 PELLICAN LANE
STREET ADDRESS	14 WOODSHIRE LN	2.3 STREET ADDRESS	PALM COAST FL 32136
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D SANDI FAIRBURN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STICKLE, SINCLAIR W	3.2 NAME	18 CEDARDALE CT.
STREET ADDRESS	36 SHERBURY CT.	3.3 STREET ADDRESS	PALM COAST FL 32137
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D CALVIN EDGEMILL SR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUFF, ROBERT	4.2 NAME	31 WHIPPARDWILL DR
STREET ADDRESS	142 BREN MAR LANE	4.3 STREET ADDRESS	PALM COAST FL 32164
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D DONALD DUNCAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURDEN, TOBI	5.2 NAME	25 FLORIDA PARK DR
STREET ADDRESS	59 ISLAND ESTATES PKWY	5.3 STREET ADDRESS	PALM COAST FL 32135
CITY-ST-ZIP	PALM COAST FL 32137	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D MIKE GALLAGHER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, DAVID	6.2 NAME	11 AVENUE DEL MAR
STREET ADDRESS	18 CEDARDALE CT.	6.3 STREET ADDRESS	PALM COAST FL 32137
CITY-ST-ZIP	PALM COAST FL 32137	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/2/99 DAYTIME PHONE #: 904 445-0502

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