FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -4 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002944 (7)

1. Corporation Name

HABITAT FOR HUMANITY OF GREATER APOPKA, INC.

Principal Place of Business	Mailing Address
JOHN H. BRIDGES COMMUNITY CENTER 445 W 13TH ST APOPKA FL 32703	JOHN H. BRIDGES COMMUNITY CENTER 445 W 13TH ST APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1993
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-3193230 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. 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
HARGROVE, CHARLES D % CARLTON FIELDS WARD EMMANUEL ETAL 255 S ORANGE AVE ORLANDO FL 32802	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	P	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SALMON, EARTHA	1.2 NAME		
STREET ADDRESS	16 E 15TH ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	ANDERSON, GEORGE	2.2 NAME		
STREET ADDRESS	2191 W LAKE BRANTLEY DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME	HOLMES, PAUL	3.2 NAME	Robert (Bob) Johnson	
STREET ADDRESS	PO BOX 1270 N/A	3.3 STREET ADDRESS	1625 Magnolia Avenue	
CITY-ST-ZIP	ZELLWOOD FL 32798-1270	3.4 CITY-ST-ZIP	Winter Park, Florida	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	WASHINGTON, BISHOP G	4.2 NAME	Hezekiah Bradford	
STREET ADDRESS	1028 S LAKE AVE	4.3 STREET ADDRESS	21 West 13th. Street	
CITY-ST-ZIP	APOPKA FL 32703	4.4 CITY-ST-ZIP	Apopka, Florida 32703	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	PYLE, JOAN	5.2 NAME	Rev. H.L. Dericho	
STREET ADDRESS	901 W CHURCH ST	5.3 STREET ADDRESS	921 South Central Avenue	
CITY-ST-ZIP	ORLANDO FL 32805	5.4 CITY-ST-ZIP	Apopka, Florida 32703	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MCMILLER, ONESIA	6.2 NAME		
STREET ADDRESS	1901 S WASHINGTON AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Eartha Salmon, President — 3-29-95 — (407) 889-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000078