

FILE NOW: FILING FEE IS \$61.25

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Jul 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002944 (7)**

1. Corporation Name

HABITAT FOR HUMANITY OF GREATER APOPKA, INC.



Principal Place of Business JOHN H. BRIDGES COMMUNITY CENTER 445 W 13TH ST APOPKA FL 32703		Mailing Address PO BOX 1884 445 W 13TH ST APOPKA FL 32704-1884 32703-1881 US	
2. Principal Place of Business		3a. Date of Last Report 04/26/1996	
21		3. Date Incorporated or Qualified 07/01/1993	
22 Suite, Apt. #, etc.		4. FEI Number 59-3193230	
23 City & State		Applied For <input type="checkbox"/> Not Applicable	
24 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
27		29	

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3193230		<input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country		30 Country					
26		31					

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 GEORGE KELLEY, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 368 E. Main ST. 83 84 City Apopka FL 85 Zip Code 32703			

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 *George Kelley* **George Kelley, Attorney** **7/7/97**
Signature typed or printed name of registered agent and title if applicable. (NOT Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALMON, EARTHA			1.2 NAME	Larry Stedl		
STREET ADDRESS	18 E 15TH ST			1.3 STREET ADDRESS	187 Cottessmore Cr, East		
CITY-ST-ZIP	APOPKA FL			1.4 CITY-ST-ZIP	Longwood, FL 32779-5602		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, GEORGE	<input checked="" type="checkbox"/>		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	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JUDD, BARBARA	<input checked="" type="checkbox"/>		3.2 NAME			
STREET ADDRESS	1379 DEER LAKE CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	SEC. Richard A. McLellan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASHINGTON, BISHOP G	<input checked="" type="checkbox"/>		4.2 NAME	3486 Bytton Brush Dr.		
STREET ADDRESS	1028 S LAKE AVE			4.3 STREET ADDRESS	Zellwood, FL.		
CITY-ST-ZIP	APOPKA FL 32703			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLYE, JOAN			5.2 NAME			
STREET ADDRESS	901 W CHURCH ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32805			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)