


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 P O BOX 4884 - 1884 445 W 13TH ST APOPKA FL 32703-884 US		
2. Principal Place of Business 21		2a. Mailing Address 26 P.O. Box 1884			
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 APOPKA - FL			
City & State 23		City & State 28 32704 - 1884			
Zip 24		Country 25		Zip 29	
				30 OR-USA	
9. Name and Address of Current Registered Agent KELLEY, GEORGE P 368 E MAIN ST APOPKA FL 32703					
10. Name and Address of New Registered Agent 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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	STEIDL, JERRY				
STREET ADDRESS	127 COTTESMORE CR. EAST				
CITY - ST - ZIP	LONGWOOD FL 02				
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	ANDERSON, GEORGE				
STREET ADDRESS	2191 W LAKE BRANTLEY DR				
CITY - ST - ZIP	LONGWOOD FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	JUDD, BARBARA				
STREET ADDRESS	1379 DEER LAKE CIRCLE				
CITY - ST - ZIP	APOPKA FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WASHINGTON, BISHOP G				
STREET ADDRESS	1028 S LAKE AVE				
CITY - ST - ZIP	APOPKA FL 32703				
TITLE	SEC	<input type="checkbox"/> DELETE			
NAME	MCLELLAN, RICHARD A				
STREET ADDRESS	3436 BUTTON BRUCH DR				
CITY - ST - ZIP	ZELLWOOD FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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.					
SIGNATURE: Barbara Judd, Treasurer BARBARA JUDD, TREASURER					



CR2E037 (10/97)

1/8/98 (407) 884-0878