

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90039 005 \*\*\*\*61.25

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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  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/01/1993

4. FEI Number

59-3193230

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

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 ☐ DELETE

NAME STEIDL, JERRY  
STREET ADDRESS 127 COTTESMORE CR. EAST  
CITY-ST-ZIP LONGWOOD FL 02

TITLE VPD ☒ DELETE

NAME ANDERSON, GEORGE  
STREET ADDRESS 2191 W LAKE BRANTLEY DR  
CITY-ST-ZIP LONGWOOD FL

TITLE TD ☐ DELETE

NAME JUDD, BARBARA  
STREET ADDRESS 1379 DEER LAKE CIRCLE  
CITY-ST-ZIP APOPKA FL

TITLE D ☐ DELETE

NAME WASHINGTON, BISHOP G  
STREET ADDRESS 1028 S LAKE AVE  
CITY-ST-ZIP APOPKA FL 32703

TITLE SEC ☐ DELETE

NAME MCLELLAN, RICHARD A  
STREET ADDRESS 3436 BUTTON BRUCH DR  
CITY-ST-ZIP ZELLWOOD FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 (407) 884-0878

CR2E037 (11/98)