


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000002944</b>	
1. Entity 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
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01122004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3193230	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  KELLEY, GEORGE P 368 E MAIN ST APOPKA, FL 32703
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U0000000E4562  
02/24/04-80017-011 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHEN, LAUEAN P O BOX 1348 APOPKA, FL 32704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTIENSEN, MONIQUE 2018 HIDDEN PINE LANE APOPKA, FL 327123962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUDD, BARBARA 1379 DEER LAKE CIRCLE APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, BISHOP G 1028 S LAKE AVE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MCLELLAN, RICHARD A 3436 BUTTON BRUCH DR ZELLWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FENN, GERTRUDE 1008 HIGHLAND AVE APOPKA, FL 32703

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lindsay E. Clitt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04 407-880-8881  
Date Daytime Phone #