

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90047 025 ****61.25

DOCUMENT # N93000002944	
1. Entity Name HABITAT FOR HUMANITY OF GREATER APOPKA, INC.	



50055826

Principal Place of Business <i>HABITAT FOR HUMANITY</i> 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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2. Principal Place of Business 2001 ROCK SPRINGS RD	3. Mailing Address PO Box 1348
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07052005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State APOPKA FLA	City & State APOPKA FL
Zip 32712	Country
Zip 32704	Country

4. FEI Number 59-3193230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHEN, LAUEAN P O BOX 1348 APOPKA, FL 32704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS/DIRECTOR LAREAU, STEPHEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTIANSSEN, MONIQUE 2018 HIDDEN PINE LANE APOPKA, FL 327123962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUDD, BARBARA 1379 DEER LAKE CIRCLE APOPKA, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / PRES JAY GARRETT 602 E WELCH RD APOPKA, FLA 32712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, BISHOP G 1028 S LAKE AVE APOPKA, FL 32703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MCLELLAN, RICHARD A 3436 BUTTON BRUCH DR ZELLWOOD, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FENN, GERTRUDE 1009 HIGHLAND AVE APOPKA, FL 32703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: 7/12/05 DAYTIME PHONE: 407-886-2597