

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000003119 (5)**

1. Corporation Name

**OKEECHOBEE HABITAT FOR HUMANITY, INC.**



Principal Place of Business

Mailing Address

**200 N.W. 2ND ST.  
OKEECHOBEE FL 34972**

**200 N.W. 2ND ST.  
OKEECHOBEE FL 34972**

3. Date Incorporated or Qualified

**07/06/1993**

3a. Date of Last Report

**03/23/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

**65-0369744**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**RITTER, SHERRI  
2301 S.W. 3RD AVE.  
OKEECHOBEE FL 34974**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ST** ☐ DELETE  
NAME **SHIREY, LINDA R**  
STREET ADDRESS **355 SE 16 AVE**  
CITY-ST-ZIP **OKEECHOBEE FL**

1.1 TITLE **D** ☐ Change ☐ Addition  
1.2 NAME **Linda Hoppock**  
1.3 STREET ADDRESS **3571 NW 163rd Court**  
1.4 CITY-ST-ZIP **Okeechobee, FL 34972**

TITLE **D** ☐ DELETE  
NAME **FORTNER, LOLA M**  
STREET ADDRESS **1971 NORTHWEST 5 ST**  
CITY-ST-ZIP **OKEECHOBEE FL**

2.1 TITLE **D** ☐ Change ☐ Addition  
2.2 NAME **Alice Horne**  
2.3 STREET ADDRESS **3201 SE 33rd Terrace, # 15**  
2.4 CITY-ST-ZIP **Okeechobee, Florida 34974**

TITLE **D** ☒ DELETE  
NAME **CORDAS, GEORGE**  
STREET ADDRESS **13465 SW 16 DR**  
CITY-ST-ZIP **OKEECHOBEE FL**

3.1 TITLE **D** ☐ Change ☐ Addition  
3.2 NAME **Conway Kuhlman**  
3.3 STREET ADDRESS **181 SW 20th Terrace**  
3.4 CITY-ST-ZIP **Okeechobee, Florida 34974**

TITLE **D** ☐ DELETE  
NAME **RITTER, PAUL**  
STREET ADDRESS **2301 SW THIRD AVE**  
CITY-ST-ZIP **OKEECHOBEE FL**

4.1 TITLE **D** ☐ Change ☐ Addition  
4.2 NAME **Tom Peer**  
4.3 STREET ADDRESS **P. O. Box 1061**  
4.4 CITY-ST-ZIP **Okeechobee, FL 34973-1061**

TITLE **D** ☐ DELETE  
NAME **HESLOP, VIOLET**  
STREET ADDRESS **12050 NW 26 AVE**  
CITY-ST-ZIP **OKEECHOBEE FL**

5.1 TITLE **D** ☐ Change ☐ Addition  
5.2 NAME **Margo Taylor**  
5.3 STREET ADDRESS **808 SE 10th Street**  
5.4 CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE **D** ☐ DELETE  
NAME **WHITE, VALERIE A**  
STREET ADDRESS **480 NE 13 AVE**  
CITY-ST-ZIP **OKEECHOBEE FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96 941.357.4205**  
Date Daytime Phone #

CR2E037 (12/95)