

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N93000003119 (5)**

1. Corporation Name

OKEECHOBEE HABITAT FOR HUMANITY, INC.



Principal Place of Business 200 N.W. 2ND ST. OKEECHOBEE FL 34972	Mailing Address 200 N.W. 2ND ST. OKEECHOBEE FL 34972-4174
--	---

3. Date Incorporated or Qualified 07/06/1993	3a. Date of Last Report 05/01/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0369744	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIREY, LINDA R	1.2 NAME	
STREET ADDRESS	355 SE 16 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTNER, LOLA M	2.2 NAME	
STREET ADDRESS	1971 NORTHWEST 5 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHLMAN, CONWAY	3.2 NAME	
STREET ADDRESS	181 SW 20TH TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER, PAUL	4.2 NAME	
STREET ADDRESS	2301 SW THIRD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESLOP, VIOLET	5.2 NAME	
STREET ADDRESS	12050 NW 28 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, VALERIE A	6.2 NAME	
STREET ADDRESS	480 NE 13 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)

4/22/97 941-713-5535