## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT #

N93000004230 (9)

HABITAT FOR HUMANITY OF KEY WEST AND LOWER FLORI DA KEYS, INC.

Principal Place of Business Mailing Address 3424 N. ROOSEVELT BLVD. 3424 N. ROOSEVELT BLVD. KEY WEST FL 33040 KEY WEST FL 33040-4224 3. Date incorporated or Qualified 3a. Date of Last Report 09/15/1993 11/04/1996 2. Principal Place of Business 4. FEI Number Applied For 65-0443188 21 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 3 24 25 29 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **AQUINO, MARJORIE** 82 D. Box Number is Not Acceptable) 5181 SUNCREST RD. 83 KEY WEST FL 33040 84 City 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 board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corpor agent. I am (antiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)Change TITL F n DELETE 11 TITLE Addition NAME KRUGER, PAUL 1.2 NAME 3424 N. ROOSEVELT BLVD. STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL 33040 1.4 CITY - ST - ZIP CITY - ST - ZIF DELETE Addition TITLE 2.1 TITLE AQUINO, MARJORIE NAME 2.2 NAME 5181 SUNCREST RD. STREET ADDRESS 2.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITL F 3.1 TITLE KRAMER, ROBERT NAME 3.2 NAME 615 ELIZABETH STREET STREET ADDRESS 3.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change TITLE 4.1 TITLE ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TED NIME OF SIGNING OFFICER OR DIRECTOR

Feb 1 97 29/5 33

☐ Change

Addition

**FILED** 

Feb 07 1997 8:00am

Secretary of State