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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90178 047 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004230

1. Corporation Name
HABITAT FOR HUMANITY OF KEY WEST AND LOWER FLORIDA KEYS, INC.

Principal Place of Business 20959 5TH AVE W CADJOE KEY FL 33042 US	Mailing Address P O BOX 421003 SUMMERLAND KEY FL 33042 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/15/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-043188
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

PLETAR, GERALD W
25000 OVERSEAS HWY
SUMMERLAND KEY FL 33042

10. Name and Address of New Registered Agent

81 Name GERALD W. PLETAR
82 Street Address (P.O. Box: Number is Not Acceptable) 25000 Overseas Hwy
83
84 City Summerland Key FL
85 Zip Code 33042

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]* **GERALD W. PLETAR** DATE: **4/26/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ANDERSON, PETER
STREET ADDRESS	615 GREEN ST #13
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	D <input type="checkbox"/> DELETE
NAME	LARKIN, JOHN
STREET ADDRESS	1865 OVERSEAS HIGHWAY
CITY-ST-ZIP	MARATHON FL 33050
TITLE	D <input type="checkbox"/> DELETE
NAME	CASEY, RICHARD J
STREET ADDRESS	31036 AVENUE H
CITY-ST-ZIP	BIG PINE KEY FL 33043
TITLE	SB <input type="checkbox"/> DELETE
NAME	LOUDENSLAGER, ROBERTA
STREET ADDRESS	105 5TH AVE W
CITY-ST-ZIP	CADJOE KEY FL 33042
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DEWAYNE KEMP
4.3 STREET ADDRESS	22386 LAFITTE DRIVE
4.4 CITY-ST-ZIP	CADJOE KEY, FLORIDA 33042
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* **RICHARD C. CASEY, JR** DATE: **3/3/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)