

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004230

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: HABITAT FOR HUMANITY OF KEY WEST AND LOWER FLORIDA KEYS, INC.

**Current Principal Place of Business:**

17 SHIPS WAY  
BIG PINE KEY, FL 33043 US

**New Principal Place of Business:**

30320 OVERSEAS HWY  
BIG PINE KEY, FL 33043 US

**Current Mailing Address:**

P O BOX 421003  
SUMMERLAND KEY, FL 33042 US

**New Mailing Address:**

FEI Number: 65-0443188      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOUDENSLAGER, ROBERTA  
17 SHIPSWAY  
BIG PINE KEY, FL 33043 US

**Name and Address of New Registered Agent:**

LOUDENSLAGER, ROBERTA  
P O BOX 421003  
SUMMERLAND KEY, FL 33042 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/29/2005

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MERWITZER, KEN  
Address: 2518 STAPLES AVE.  
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete  
Name: SMITH, JAMES  
Address: 30332 KILLDEER LN  
City-St-Zip: BIG PINE KEY, FL

Title: D ( ) Delete  
Name: LOUDENSLAGER, ROBERTA  
Address: P.O. BOX 421003  
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: VD (X) Delete  
Name: SHAFFER, AMBER  
Address: 20949 FIFTH AVENUE W  
City-St-Zip: CUDJOE KEY, FL 33042

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SMITH, JAMES  
Address: 30332 KILLDEER LN  
City-St-Zip: BIG PINE KEY, FL 33043

Title: TD (X) Change ( ) Addition  
Name: ZANINI, MELANIE  
Address: 31152 HOLLERICH DR  
City-St-Zip: BIG PINE KEY, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA LOUDENSLAGER, EXECUTIVE DIRECTOR      D

Electronic Signature of Signing Officer or Director

04/29/2005

Date