

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004230

FILED
Mar 31, 2006
Secretary of State

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

Current Principal Place of Business:

30320 OVERSEAS HWY
BIG PINE KEY, FL 33043 US

New Principal Place of Business:

Current Mailing Address:

30320 OVERSEAS HWY
BIG PINE KEY, FL 33043 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
P O BOX 421003
SUMMERLAND KEY, FL 33042 US

Name and Address of New Registered Agent:

CALHOUN, ROBERT
30320 OVERSEAS HIGHWAY
BIG PINE KEY, FL 33043 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: ROBERT CALHOUN

03/31/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: TD () Delete
Name: ZANINI, MELANIE
Address: 31152 HOLLERICH DR
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: KOLHAGEN, DAVID
Address: 271 GOLF CLUB DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: ED (X) Change () Addition
Name: CALHOUN, ROBERT
Address: 913 INDIES ROAD
City-St-Zip: RAMROD KEY, FL 33042

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT CALHOUN

ED

03/31/2006

Electronic Signature of Signing Officer or Director

Date