


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90050 039 ****61.25

DOCUMENT # N93000004230

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



Principal Place of Business Mailing Address


17 SHIPS WAY P O BOX 421003
BIG PINE KEY FL 33043 SUMMERLAND KEY FL 33042
US US

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

JULIEN



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0443188** Applied For
Not Applicable

5. Certificate of Status Desired \$8:75*Additional Fee Required

6. Name and Address of Current Registered Agent

LOUDENSLAGER, ROBERTA
17 SHIPSWAY
BIG PINE KEY FL 33043

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Roberta Loudenslager* 1-8-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, BRIAN	
STREET ADDRESS	PO BOX 420284	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042-0284	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STONE, PERI	
STREET ADDRESS	42 VENETIAN WAY	
CITY-ST-ZIP	SUGARLOAF KEY FL 33042	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HENSEL, MARY	
STREET ADDRESS	2133 SAN SEBASTIAN DR	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOUDENSLAGER, ROBERTA	
STREET ADDRESS	P.O. BOX 421003	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FISHER, JAMES	
STREET ADDRESS	29018 PALM AVE	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN MERWITZER	
STREET ADDRESS	2518 STAPLES AVE.	
CITY-ST-ZIP	KEY WEST, FL. 33040	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES SMITH	
STREET ADDRESS	30332 KILDEER LN	
CITY-ST-ZIP	BIG PINE KEY, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roberta Loudenslager* 1-8-03 (305) 8724456

CR2E037 (10/02)