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Jan 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000006057 (2)**

1. Corporation Name

ST. LUCIE HABITAT FOR HUMANITY, INC.

Principal Place of Business	Mailing Address
100 AVE A SUITE 2-A FT PIERCE FL 34950	100 AVE A SUITE 2-A FT PIERCE FL 34950-4426

3. Date Incorporated or Qualified: 12/21/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 Suite 2E
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 Suite 2E
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 65-0631850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ABERNETHY, BRUCE R JR
900 VIRGINIA AVE SUITE 6
FT PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	~~ABERNETHY, BRUCE R JR~~		1.2 NAME	Ballinger, Michael	
STREET ADDRESS	3609 E WILDERNESS DR		1.3 STREET ADDRESS	1008 S.E. Kitching Cove Lane	
CITY-ST-ZIP	FT PIERCE FL 34982		1.4 CITY-ST-ZIP	Port St. Lucie, Fl 34952	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OLEN, JILL		2.2 NAME		
STREET ADDRESS	1816 HAZELWOOD DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL 34982		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CLEVELAND, DAVID		3.2 NAME		
STREET ADDRESS	4098 MCCARTY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL 34945		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE: David M Cleveland DAVID M CLEVELAND 1/7/97 561 464 2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0070879