

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000006057

1. Entity Name

ST. LUCIE HABITAT FOR HUMANITY, INC.

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90087 046 ****61.25

Principal Place of Business

Mailing Address

100 AVE A
SUITE 2E
FT PIERCE FL 34950
US

100 AVE A
SUITE 2E
FT PIERCE FL 34950
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0631850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
AKERBERG, DON
7698 WEXFORD WAY
PORT SAINT LUCIE FL 34986

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CLAIN, JOHNSON
892 WOODLANDS DR
PORT SAINT LUCIE FL 34952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CLEVELAND, DAVID
4098 MCCARTY ROAD
FT PIERCE FL 34945

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CASSIDY, CATHERINE
131 NORTH SECOND STREET
FORT PIERCE FL 34950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LAWRENCE, JOHN
201 CROSSPOINT
PORT SAINT LUCIE FL 34983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

Johnson

Date

1/31/02

Daytime Phone #

561-595-6310

CR2E037 (9/01)