

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006057

FILED
Apr 08, 2005
Secretary of State

Entity Name: ST. LUCIE HABITAT FOR HUMANITY, INC.

Current Principal Place of Business:

4150 OKEECHOBEE RD
SUITE G
FORT PIERCE, FL 34947 US

New Principal Place of Business:

Current Mailing Address:

4150 OKEECHOBEE RD
SUITE G
FORT PIERCE, FL 34947 US

New Mailing Address:

FEI Number: 65-0631850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVETT, AL
8241 HIDDEN PINES ROAD
FORT PIERCE, FL 34945 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AKERBERG, DON
Address: 7698 WEXFORD WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VD () Delete
Name: LAWRENCE, JOHN
Address: 201 CROSSPOINT
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TD () Delete
Name: DALEY, BEVERLY
Address: 8618 FLORENCE DR.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AKERBERG, DON
Address: 7364 PINE CREEK WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

Title: TD (X) Change () Addition
Name: LONG, THOMAS
Address: 4173 C GATOR TRACE VILLAS CIRCLE
City-St-Zip: FORT PIERCE, FL 34982

Title: SD () Change (X) Addition
Name: DOLAN, GLADYS
Address: 996 SW NICHOLS TERRACE
City-St-Zip: PORT ST LUCIE, FL 34953

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: DON AKERBERG

PD

04/08/2005

Electronic Signature of Signing Officer or Director

Date