2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# N95000006057

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 (X)**

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: 7364 PINE CREEK 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: LONG, THOMAS
Address: 4173 C GATOR TRACE VILLAS CIRCLE
City-St-Zip: FORT PIERCE, FL 34982

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DON AKERBERG PD 01/05/2006

Electronic Signature of Signing Officer or Director — Date