

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006057

FILED
Apr 30, 2008
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:

702 S 6TH STREET
FORT PIERCE, FL 34950 US

Current Mailing Address:

4150 OKEECHOBEE RD
SUITE G
FORT PIERCE, FL 34947 US

New Mailing Address:

702 S 6TH STREET
FORT PIERCE, FL 34950 US

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, ALLAN E
8241 HIDDEN PINES ROAD
FORT PIERCE, FL 34945 US

Name and Address of New Registered Agent:

SCOTT, PATRICIA A
702 S 6TH STREET
FORT PIERCE, FL 34950 US

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: PATRICIA A. SCOTT

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ONTIVEROS, HENRY M
Address: 642 SW PALMETTO COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VD () Delete
Name: ANDERSON, SCOTT A
Address: 471 NW RAVENSWOOD LANE
City-St-Zip: PORT ST LUCIE, FL 34983

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

Title: SD () Delete
Name: ARMBRUSTER, MIKE
Address: 1821 SW CRANE CREEK AVENUE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANDERSON, SCOTT A
Address: 471 NW RAVENSWOOD LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VD (X) Change () Addition
Name: HUTCHINSON, FRANCES A
Address: 3115 MARAVILLA BLVD
City-St-Zip: FORT PIERCE, FL 34982

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 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: SCOTT A. ANDERSON

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date