2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N95000006057

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

Current Principal Place of Business:

702 S 6TH STREET
FORT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

702 S 6TH STREET
FORT PIERCE, FL 34950 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:

SCOTT, PATRICIA A
702 S 6TH STREET
FORT PIERCE, FL 34950 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: ANDERSON, SCOTT A
Address: 471 NW RAVENSWOOD LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

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

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

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

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

Title: SD (X) Change ( ) Addition
Name: MELVILLE, ERIK
Address: 603 N. INDIAN RIVER DRIVE SUITE 300
City-St-Zip: FT. PIERCE, FL 34950

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: PATRICIA A SCOTT RA 04/16/2009

Electronic Signature of Signing Officer or Director Date