2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State
05-05-2003 90164 011 ****61.25

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DOCUMENT # N95000006057

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

55046960

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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
4150 Okeechobee Rd	4150 Okeechobee Rd
Suite, Apt. #, etc. Suite G	Suite, Apt. #, etc. Suite G
City & State Fort Pierce FL	City & State Fort Pierce FL
Zip 34947 Country	Zip 34947 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 Gerald Joint Street Address (P.O. Box Number is Not Acceptable) 249 SW Reynolds Avenue City Port St Lucie FL Zip Code 34983

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gerald Joint 4-28-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD AKERBERG, DON 7698 WEXFORD WAY #L PORT SAINT LUCIE FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President (O)	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CLAIN, JOHNSON 892 WOODLANDS DR PORT SAINT LUCIE FL 34952	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLEVELAND, DAVID 4098 MCCARTY ROAD FT PIERCE FL 34945	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CASSIDY, CATHERINE 131 NORTH SECOND STREET FORT PIERCE FL 34950	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAWRENCE, JOHN 201 CROSSPOINT PORT SAINT LUCIE FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President (O)	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Gerald Joint (O) 249 SW Reynolds Ave Port St Lucie FL 34983	☐ Change ☑ Addition

CR2E037 (10/02)

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 Gerald Joint 4-28-03 (772) 971-5612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #