

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004460

**Entity Name:** ARCADIA-DESOTO COUNTY HABITAT FOR HUMANITY,  
INCORPORATED

**FILED**  
**Jan 26, 2016**  
**Secretary of State**  
**CC4745297013**

**Current Principal Place of Business:**

10 S DESOTO AVE  
# 200  
ARCADIA, FL 34266

**Current Mailing Address:**

10 S DESOTO AVE  
# 200  
ARCADIA, FL 34266

**FEI Number: 59-3656661**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BREYLINGER, JANE A  
10 S DESOTO AVE  
200  
ARCADIA, FL 34266 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: JANE BREYLINGER**

**01/26/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NEELEY, JUDIE  
Address        331 FORTUNA RD  
City-State-Zip: ARCADIA FL 34266

Title            SECRETARY  
Name            SAN LUIS, ROBERTO  
Address        5 STIRRUP WAY  
City-State-Zip: ARCADIA FL 34266

Title            VP  
Name            HEITMAN, EUGENE MS  
Address        5162 NW OAK HILL AVE.  
City-State-Zip: ARCADIA FL 34266

Title            TREASURER  
Name            BACKER, TIMOTHY  
Address        3990NE ASHLEY TER  
City-State-Zip: ARCADIA FL 34266

Title            DIRECTOR  
Name            BREYLINGER, JANE A  
Address        2441 W NAUTILUS RD  
City-State-Zip: AVON PARK FL 33825

I hereby 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 all other like empowered.

**SIGNATURE: JANE BREYLINGER**

**EXECUTIVE DIRECTOR**

**01/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date