

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40696

**FILED**  
**Jan 07, 2020**  
**Secretary of State**  
**9762236717CC**

**Entity Name:** HABITAT FOR HUMANITY OF SEMINOLE COUNTY AND  
GREATER APOPKA, FLORIDA, INC.

**Current Principal Place of Business:**

251 MAITLAND AVE.  
SUITE 312  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

PO BOX 181010  
CASSELBERRY, FL 32718 US

**FEI Number: 59-3034059**

**Certificate of Status Desired: Yes**

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

SEATER, PENNY J  
251 MAITLAND AVE.  
SUITE 312  
ALTAMONTE SPRINGS, FL 32701 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name RICH, SUSAN  
Address 745 PRIMERA BLVD.  
1011  
City-State-Zip: LAKE MARY FL 32746

Title ED  
Name SEATER, PENNY J  
Address 251 MAITLAND AVE.  
SUITE 312  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title S  
Name JONES, CHANDRA  
Address 6021 RIO GRANDE AVENUE  
City-State-Zip: ORLANDO FL 32809

Title VC  
Name MIKE, DODANE  
Address 760 FLORIDA CENTRAL PARKWAY  
224  
City-State-Zip: LONGWOOD FL 32750

Title TREASURER  
Name SAYDAH, NEIL  
Address 121 S. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

*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: PENNY SEATER**

**CEO**

**01/07/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date