

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41383

Entity Name: BEACHES HABITAT FOR HUMANITY, INC.**Current Principal Place of Business:**797 MAYPORT RD.
ATLANTIC BEACH, FL 32233**Current Mailing Address:**797 MAYPORT RD.
ATLANTIC BEACH, FL 32233 US**FEI Number:** 65-0234544**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REX, DONNA
797 MAYPORT RD.
ATLANTIC BEACH, FL 32233 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:** DONNA REX

07/07/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name KERRY, CLEEK
Address 797 MAYPORT RD.
City-State-Zip: ATLANTIC BEACH FL 32233

Title VP
Name JANET, WYLIE
Address 797 MAYPORT RD.
City-State-Zip: ATLANTIC BEACH FL 32233

Title SECRETARY
Name WHEELER, BRIAN
Address 797 MAYPORT RD.
City-State-Zip: ATLANTIC BEACH, FL FL 32233

Title PRESIDENT
Name JAMES, MCGARVEY III
Address 797 MAYPORT RD.
City-State-Zip: ATLANTIC BEACH FL 32233

Title VP
Name HAYWOOD, BALL
Address 797 MAYPORT RD.
City-State-Zip: ATLANTIC BEACH FL 32233

Title CFO
Name JONES, DEBBIE
Address 797 MAYPORT RD.
City-State-Zip: ATLANTIC BEACH FL 32233

Title PRESIDENT/CEO
Name REX, DONNA
Address 797 MAYPORT RD.
City-State-Zip: ATLANTIC BEACH FL 32233

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: DEBBIE JONES

CFO

07/07/2014

Electronic Signature of Signing Officer/Director Detail

Date