

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41383

Entity Name: BEACHES HABITAT FOR HUMANITY, INC.**Current Principal Place of Business:**1671 FRANCIS AVE
ATLANTIC BEACH, FL 32233**Current Mailing Address:**1671 FRANCIS AVE
ATLANTIC BEACH, FL 32233**FEI Number:** 65-0234544**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MARCELLO, RALPH
1671 FRANCIS AVENUE
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TD
Name	KERRY, CLEEK
Address	201 ATP TOUR BLVD.
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	SD
Name	JANET, WYLIE
Address	1902 OCEAN DRIVE
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	PD
Name	BILL, GULLIFORD
Address	75 BEACH AVENUE
City-State-Zip:	ATLATNIC BEACH FL 32233

Title	VD
Name	JAY, MCGARVEY III
Address	81 PONTE VEDRA BLVD
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	V
Name	HAYWOOD, BALL
Address	341 WEST FORSYTH STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	DF
Name	JONES, DEBBIE
Address	1671 FRANCIS AVENUE
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**DIRECTOR OF FINANCE****01/28/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date