## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000794

Entity Name: FLAGLER HABITAT FOR HUMANITY, INC.

**FILED** Mar 11, 2016 **Secretary of State** CC1231895008

**Current Principal Place of Business:** 

2 W MOODY BLVD BUNNELL, FL 32110

**Current Mailing Address:** 

**PO BOX 187** 

BUNNELL, FL 32110 US

FEI Number: 59-3172803 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELLIOTT, LINDSAY 2 W MOODY BLVD BUNNELL, FL 32110 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 **PRESIDENT** Title VΡ

MCDERMOTT, SANDRA Name HANVEY, DAVID Name

3 SUGAR MILL LANE Address 421 OCEAN FOREST DR Address ST AUGUSTINE FL 32080

City-State-Zip: PALM COAST FL 32136 City-State-Zip:

Title **TREA** Title ED

Name LECKIE, JACK ELLIOTT, LINDSAY Name

Address HAMMOCK DUNES Address 808 W MINNESOTA BLVD

PALM COAST FL 32137 City-State-Zip: City-State-Zip: DELAND FL 32720

Title S

TOFAL, DONNA Name 17 CEDAR HALLOW Address

City-State-Zip: PALM COAST FL 32137

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: LINDSAY ELLIOTT Electronic Signature of Signing Officer/Director Detail EXECUTIVE DIRECTOR

03/11/2016