

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000794

**FILED  
Jan 23, 2017  
Secretary of State  
CC5746413019**

**Entity Name:** FLAGLER HABITAT FOR HUMANITY, INC.

**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:** Yes

**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  
Name            HANVEY, DAVID  
Address        421 OCEAN FOREST DR  
City-State-Zip: ST AUGUSTINE FL 32080

Title            ED  
Name            ELLIOTT, LINDSAY  
Address        808 W MINNESOTA BLVD  
City-State-Zip: DELAND FL 32720

Title            TREA  
Name            LECKIE, JACK  
Address        HAMMOCK DUNES  
City-State-Zip: PALM COAST FL 32137

Title            S  
Name            JONES, WILLY  
Address        2 W MOODY BLVD  
City-State-Zip: BUNNELL FL 32110

Title            VP  
Name            BEXLEY, TOM  
Address        2 W MOODY BLVD  
City-State-Zip: BUNNELL FL 32110

*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

**EXECUTIVE DIRECTOR**

**01/23/2017**

Electronic Signature of Signing Officer/Director Detail

Date