

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004230

**Entity Name:** HABITAT FOR HUMANITY OF KEY WEST AND LOWER FLORIDA KEYS, INC.

**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC6258933337**

**Current Principal Place of Business:**

30320 OVERSEAS HWY  
BIG PINE KEY, FL 33043

**Current Mailing Address:**

PO BOX 5873  
KEY WEST, FL 33045 US

**FEI Number: 65-0443188**

**Certificate of Status Desired: No**

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

MOSS, MARK  
30320 OVERSEAS HIGHWAY  
BIG PINE KEY, FL 33043 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 SECRETARY  
Name LEAMARD, WARREN  
Address 2300 HARRIS AVENUE  
City-State-Zip: KEY WEST FL 33040

Title ED  
Name MOSS, MARK  
Address 2212 FOGARTY AVENUE  
City-State-Zip: KEY WEST FL 33040

Title PRESIDENT  
Name BATTY, DEBBIE  
Address 9 ALLAMANDA TERRACE  
City-State-Zip: KEY WEST FL 33040

Title VP  
Name METZLER, DAN  
Address 1511 SOUTH STREET  
City-State-Zip: KEY WEST FL 33040

Title TD  
Name KOLHAGEN, DAVID  
Address 49 SEASIDE DR  
City-State-Zip: KEY WEST FL 33040

*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: D. MARK MOSS**

**ED/AGENT**

**02/26/2014**

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

\_\_\_\_\_  
Date