

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006057

Entity Name: ST. LUCIE HABITAT FOR HUMANITY, INC.**Current Principal Place of Business:**702 S 6TH STREET
FORT PIERCE, FL 34950**Current Mailing Address:**702 S 6TH STREET
FORT PIERCE, FL 34950 US**FEI Number:** 65-0631850**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CALHOUN, ROBERT D
702 S 6TH STREET
FORT PIERCE, FL 34950 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:** ROBERT D. CALHOUN

04/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name GARCIA KING, PATRICIA
Address 10124 CROSBY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title VP
Name DAVIS, DOUGLAS
Address P.O BOX 186
City-State-Zip: FORT PIERCE FL 34954

Title PRESIDENT
Name BRAXTON, JAMES
Address 2176 SW ALGIERS ST
City-State-Zip: PORT ST. FL 34953

Title TREASURER
Name CARLING, DAVE
Address 997 SE DAMASK AVE
City-State-Zip: PORT ST LUCIE FL 34983

Title EXECUTIVE DIRECTOR
Name CALHOUN, ROBERT V
Address 640 NE MUSKRAT RUN
City-State-Zip: PORT ST LUCIE FL 34983

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: JAMES BRAXTON

PRESIDENT

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date