

2023 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

04/28/2023

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	TREASURER
Name	BRANCH, TERRY
Address	3241 SW SAVONA BLVD
City-State-Zip:	PORT ST LUCIE FL 34953

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

Title	PRESIDENT
Name	MAXWELL, STEPHEN JACK
Address	1501 S INDIAN RIVER DRIVE
City-State-Zip:	FORT PIERCE FL 34950

Title	VP
Name	SMITH, DALTON
Address	PO BOX 186
City-State-Zip:	FORT PIERCE FL 34954

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: ROBERT D CALHOUN**EXECUTIVE DIRECTOR**

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date