

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000003158

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

**Current Principal Place of Business:**

285 PEACHTREE CENTER AVE. NE  
SUITE 2700  
ATLANTA, GA 30303

**Current Mailing Address:**

285 PEACHTREE CENTER AVE. NE  
SUITE 2700  
ATLANTA, GA 30303 US

**FEI Number:** 91-1914868

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 CEO, DIRECTOR  
Name RECKFORD, JONATHAN  
Address 285 PEACHTREE CENTER AVE. NE  
SUITE 2700  
City-State-Zip: ATLANTA GA 30303

Title CFO, DIRECTOR  
Name ANDERSON, EDWARD  
Address 285 PEACHTREE CENTER AVE. NE  
SUITE 2700  
City-State-Zip: ATLANTA GA 30303

Title ASSISTANT SECRETARY, DIRECTOR  
Name HARP, HILARY  
Address 285 PEACHTREE CENTER AVE. NE  
SUITE 2700  
City-State-Zip: ATLANTA GA 30303

Title SECRETARY, DIRECTOR  
Name LEWIS, AARON  
Address 285 PEACHTREE CENTER AVE. NE  
SUITE 2700  
City-State-Zip: ATLANTA GA 30303

Title ASSISTANT SECRETARY, DIRECTOR  
Name TOULME, NILL  
Address 285 PEACHTREE CENTER AVE. NE  
SUITE 2700  
City-State-Zip: ATLANTA GA 30303

*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:** AARON LEWIS

**SECRETARY, BY JON-  
MICHAEL SANCHEZ,  
ATTORNEY-IN-FACT**

**04/30/2024**

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

\_\_\_\_\_  
Date

