

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 22 AM 8:53

DOCUMENT # N 37776
1. Corporation Name
Indian River County Habitat For Humanity, Inc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
*2207 18th Ave
Vero Beach, FL
32960* *SAME*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country

3. Date Incorporated or Qualified 3a. Date of Last Report
4/23/1990 *4/1993*
4. FEI Number Applied For
65-0230079 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
*Robin A. Lloyd Sr + Assoc, P.A.
660 Beachland Blvd, Suite 201
ATTN: Troy B. Hafner
Vero Beach, FL 32963*

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
MANAGING DIRECTOR
12 NAME *DAVE PEARSON*
13 STREET ADDRESS *235 Coconut Palm*
14 CITY - ST - ZIP *Vero Beach, FL 32968*
21 TITLE Change Addition
D/S
22 NAME *Troy Hafner*
23 STREET ADDRESS *660 Beachland Blvd, Suite 201*
24 CITY - ST - ZIP *Vero Beach, FL 32963*
31 TITLE Change Addition
DIT
32 NAME *MARY SWIFT*
33 STREET ADDRESS *3820 Indian River Dr*
34 CITY - ST - ZIP *Vero Beach, FL 32963*
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS **500001522325**
44 CITY - ST - ZIP **-06/23/95--01080--023**
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP *Tis. 6/22/95*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Mary Swift* **5/20/95** **407-563-2305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System #