



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90740 001 ****61.25
 04-18-2005 90740 002 ****61.25

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DOCUMENT # N37776					
1. Entity Name INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC.					
Principal Place of Business 4568 N US HWY #1 VERO BEACH, FL 32967 US		Mailing Address 4568 N US HWY #1 VERO BEACH, FL 32967 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0230079	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
HAFNER, TROY C/O GOULD, COOKSEY, FENNELL, ET AL 979 BEACHLAND BLVD VERO BEACH, FL 32963		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City		FL	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, JAMES W		NAME		
STREET ADDRESS	3510 6TH PLACE SW		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32968		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORGAN, KEITH JR		NAME		
STREET ADDRESS	1790 PELICAN WAY		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RENNICK, SANDRA		NAME		
STREET ADDRESS	979 BEACHLAND BLVD		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWLER, ANDREW		NAME		
STREET ADDRESS	2609 VICTORY BLVD		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENYON, FRANCE		NAME		
STREET ADDRESS	701 MANATEE COVE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Hilton		NAME		
STREET ADDRESS	715 6th Avenue		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		ANDREW R. DOWLER 4/15/05 (772)5629860			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # X208	