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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N37776

1. Corporation Name

INDIAN RIVER COUNTY HABITAT FOR HUMANITY, INC.

Principal Place of Business

2209 18TH AVE  
 VERO BEACH FL 32960  
 US

Mailing Address

2209 18TH AVE  
 VERO BEACH FL 32960  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/23/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0230079

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBIN A LLOYD SR & A, P.A. P SUITE 2  
 660 BEACHLAND BLVD., SUITE 201  
 ATTENTION TROY B. HAFNER  
 VERO BEACH FL 32963

81 Name STEWART NAUL, EVANS & HAFNER  
 82 Street Address (P.O. Box Number is Not Acceptable) 3355 OCEAN DRIVE  
 83 ATTENTION: TROY B. HAFNER  
 84 City VERO BEACH FL 85 Zip Code 32963

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/99  
 DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE MD  DELETE  
 NAME PEARSON, DAVE  
 STREET ADDRESS 235 COCONUT PALM  
 CITY-ST-ZIP VERO BEACH FL 32963

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE DS  DELETE  
 NAME HAFNER, TROY  
 STREET ADDRESS 660 BEACHLAND BLVD., SUITE 201  
 CITY-ST-ZIP VERO BEACH FL 32963

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS 3355 OCEAN DRIVE  
 2.4 CITY-ST-ZIP VERO BEACH, FL 32963

TITLE T  DELETE  
 NAME KING, ROBERT E  
 STREET ADDRESS 726 10TH CT  
 CITY-ST-ZIP VERO BEACH FL 3296

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE VP  DELETE  
 NAME FREDERICK, THOMAS  
 STREET ADDRESS 1605 MAJORCA  
 CITY-ST-ZIP VERO BEACH FL 3296

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 DATE (561)231-3500 Daytime Phone #

CR2E037 (11/98)