FILE NOW: FILING FEE IS $61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90008 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

124081 - 90008 - 13

DOCUMENT # **N23312**

1. Corporation Name

HABITAT FOR HUMANITY OF EAST POLK COUNTY, INC.

Principal Place of Business	Mailing Address
401 DUVAL RD WINTER HAVEN FL 33884-1517 US	P.O. BOX 2857 WINTER HAVEN FL 33883-2857

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/04/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2856392 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LOMBARDO, BILLIE J
401 DUVAL RD
WINTER HAVEN FL 33884

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 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 Billie J. Lombardo Executive Director 1-6-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	CONNOR, J DAVIS		1.2 NAME		
STREET ADDRESS	116 S LAKESHORE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REEL, SANDRA		2.2 NAME		
STREET ADDRESS	210 SECURITY SQUARE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		2. 4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, CHARLES		3.2 NAME		
STREET ADDRESS	12 GULFVIEW TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		3.4. CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUCHER, TERRY		4. 2 NAME		
STREET ADDRESS	157 AUDUBON COURT SE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE	PD	☐ Change ☒ Addition
NAME	Carolyn [illegible]ndon		5.2 NAME	Carolyn McLendon	
STREET ADDRESS			5.3 STREET ADDRESS	314 Ave K SE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Winter Haven FL 33880	
TITLE	TD	☐ DELETE	6.1 TITLE	TD	☐ Change ☒ Addition
NAME	Tom [illegible]son		6.2 NAME	Tom Wilson	
STREET ADDRESS			6.3 STREET ADDRESS	166 Dartmouth Drive	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Haines City FL 33844	

CR2E037 (11/98)

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 1/6/99 941-956-3515
SIGNATURE, TYPED OR PRINTED NAME OF INDIVIDUAL AND TITLE Date Daytime Phone #