2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90101 031 ****61.25

3184

DOCUMENT # N23312

1. Entity 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. EOX 2857 WINTER HAVEN FL 33883-2857

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3550 Recker Hwy	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33880 / Country	Zip / Country

4. FEI Number 59-2856392 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HICKS, BOB ~~401 DUVAL RD~~ WINTER HAVEN FL ~~33884~~	Name Street Address (P.O. Box Number is Not Acceptable) 3550 Recker Highway City Winter Haven 3 FL Zip Code 33880

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.

SIGNATURE Bob Hicks 3/6/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNOR, J DAVIS 116 S LAKESHORE DR LAKE WALES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D JERRY ROACH 238 LAKE THOMAS DR. WINTER HAVEN, FL 33880-1165	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCLENDON, CAROLYN 1290 S LAKE MIRROW DR WINTER HAVEN FL 33881	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D TERRY BUCHER 157 Audubon CT WINTER HAVEN, FL 33884-1304	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILSON, TOM 166 DARTMOUTH DRIVE HAINES CITY FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BENNETT, JANE 121 GREENFIELD RD WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TAYLOR, BILL 401 DUVAL RD SE WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOUG LEONARD 1323 MICCOR TERRACE, NW WINTER HAVEN, FL 33881-2351	☐ Change ☒ Addition

CR2E037 (9/01)

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.

863-318-

SIGNATURE: Thomas M. Wilson THOMAS M. WILSON 2/21/02 1902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #