2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2011
Secretary of State

DOCUMENT# N23312

Entity Name: HABITAT FOR HUMANITY OF EAST POLK COUNTY, INC.

Current Principal Place of Business:

3550 RECKER HWY
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

3550 RECKER HWY
WINTER HAVEN, FL 33880 US

New Mailing Address:

FEI Number: 59-2856392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARISH, JULIE A ED
3550 RECKER HIGHWAY
WINTER HAVEN, FL 338801958 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WATSON, SHARON
Address: 1601 6TH STREET SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD
Name: WILSON, TOM
Address: 166 DARTMOUTH DRIVE
City-St-Zip: HAINES CITY, FL 338446242

Title: D
Name: RAYMOND, GREG
Address: 2748 SEQUOYAH DR.
City-St-Zip: HAINES CITY, FL 33844

Title: VD
Name: HAZELWOOD, HARRY (HAP)
Address: 2109 EDGEWATER CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD
Name: REEL, SANDRA
Address: 2500 21ST NW 72
City-St-Zip: WINTER HAVEN, FL 33881

Title: D
Name: MATISON, MICKEY
Address: 305 PILOT PL
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JULIE FARISH ED 01/17/2011

Electronic Signature of Signing Officer or Director Date