2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State
01-24-2003 90114 008 ****61.25

DOCUMENT # N23312

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

Principal Place of Business	Mailing Address
3550 RECKER HWY WINTER HAVEN FL 33880 US	~~P.O. BOX 2857~~ ~~WINTER HAVEN FL 33880-2857~~

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	3550 Recker Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Winter Haven, FL
Zip / Country	Zip: 33880-1958 / Country: USA

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

HICKS, BOB
3550 RECKER HIGHWAY
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Bob Hicks 1/21/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: ~~VD~~ NAME: ROACH, JERRY STREET ADDRESS: 238 LAKE THOMAS DRIVE CITY-ST-ZIP: WINTER HAVEN FL 33880-1165	☐ Delete	TITLE: PD NAME: ROACH, JERRY STREET ADDRESS: 238 Lake Thomas Dr CITY-ST-ZIP: Winter Haven FL 33880-1165	☑ Change ☐ Addition
TITLE: ~~SD~~ NAME: BUCHER, TERRY STREET ADDRESS: 157 AUDUBON COURT CITY-ST-ZIP: WINTER HAVEN FL 33884-1304	☐ Delete	TITLE: D NAME: Bucher, Terry STREET ADDRESS: 157 Audubon Ct CITY-ST-ZIP: Winter Haven FL 33884-1304	☑ Change ☐ Addition
TITLE: TD NAME: WILSON, TOM STREET ADDRESS: 166 DARTMOUTH DRIVE CITY-ST-ZIP: HAINES CITY FL 33844	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: D NAME: BENNETT, JANE STREET ADDRESS: 121 GREENFIELD RD CITY-ST-ZIP: WINTER HAVEN FL 33884	☑ Delete	TITLE: VD NAME: EASTERLING, MIKE STREET ADDRESS: 919 Lake Howard Dr NW CITY-ST-ZIP: Winter Haven, FL 33881-3122	☐ Change ☑ Addition
TITLE: ~~PD~~ NAME: TAYLOR, BILL STREET ADDRESS: 401 DUVAL RD SE CITY-ST-ZIP: WINTER HAVEN FL 33884	☐ Delete	TITLE: D NAME: TAYLOR, BILL STREET ADDRESS: PO BOX 141 CITY-ST-ZIP: EAGLE LAKE FL 33839-0141	☑ Change ☐ Addition
TITLE: D NAME: LEONARD, DOUG STREET ADDRESS: 1323 MIRROR TERRACE NW CITY-ST-ZIP: WINTER HAVEN FL 33881-2351	☑ Delete	TITLE: SD NAME: PRENCIPE, DARLENE STREET ADDRESS: 109 Poll Dr SE CITY-ST-ZIP: Winter Haven, FL 33884-2562	☐ Change ☑ Addition

CR2E037 (10/02)

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: [signature] Jerry Roach 1/21/03 President