

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 13 AM 11:07

DOCUMENT # N33127 (4)

1. Corporation Name

**HABITAT FOR HUMANITY OF LAKE COUNTY, FLORIDA, IN
C.**

Principal Place of Business

Mailing Address

% WANDA KOHN
200 NORTH LONE OAK DRIVE
LEESBURG FL 34748

% WANDA KOHN
200 NORTH LONE OAK DRIVE
LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1989

3a. Date of Last Report

05/27/1994

4. FEI Number

59-2958036

Applied For

Not Applicable

2. Principal Place of Business

21 200 North Lone Oak Dr.

2a. Mailing Address

26 200 North Lone Oak Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Leesburg, FL

City & State

28 Leesburg, FL

Zip

24 34748

Country

25 Lake

Zip

29 34748

Country

30 Lake

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOHN, WANDA
04317 EMMAUS RD
FRUITLAND PARK FL 34731

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LAWSON, PAT
STREET ADDRESS	04353 EMMAUS RD
CITY-ST-ZIP	FRUITLAND PARK FL
TITLE	TD
NAME	MILLER, RICH
STREET ADDRESS	35911 LAKE UNITY NURSERY RD.
CITY-ST-ZIP	FRUITLAND PARK FL 34731
TITLE	PD
NAME	DIXON, BRUCE
STREET ADDRESS	2200 JOBBINS DR.
CITY-ST-ZIP	LEESBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	☒ Change ☐ Addition
1.2 NAME	Patterson, Nancy L.	
1.3 STREET ADDRESS	1206 La Paloma Place	
1.4 CITY-ST-ZIP	Lady Lake, FL 32159	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/95
Date

904-728-5655
Telephone #