2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90081 004 ****61.25

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DOCUMENT # N33127

1. Entity Name
HABITAT FOR HUMANITY OF LAKE COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
200 NORTH LONE OAK DR LEESBURG, FL 34748 US	200 N LONE OAK DR LEESBURG, FL 34748 US

01262004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
502 THOMAS AVENUE Suite, Apt. #, etc.	502 THOMAS AVENUE Suite, Apt. #, etc.
City & State: LEESBURG, FL	City & State: LEESBURG, FL
Zip: 34748 Country:	Zip: 34748 Country:

4. FEI Number 59-2958036 ☐ 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
FEULNER, DONALD J 3904 WESTERHAM DR CLERMONT, FL 34711	Name: JIM FISCHER Street Address (P.O. Box Number is Not Acceptable): 502 THOMAS AVENUE City: LEESBURG FL Zip Code: 34748

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: _____ 26 JAN 04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D TYNER, JAMES 608 SOUTH MAIN AVE #19 CLERMONT, FL 34711	☐ Delete	PD TYNER, JAMES 608 SOUTH MAIN AVE #19 CLERMONT, FL 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FEULNER, DONALD J 3904 WESTERHAM DRIVE CLERMONT, FL 34711	☐ Delete	D DIRECTOR FEULNER DONALD J. 3904 WESTERHAM DRIVE CLERMONT, FL 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BADEN, MARVIN 5402 E. HARBOR DR. FRUITLAND PARK, FL 34731	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LANE, JOHN 790 ANDERSON DRIVE TAVARES, FL 32778	☐ Delete	D LANE, JOHN 790 ANDERSON DRIVE TAVARES, FL 32778	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BROWN, ANGELA E 26934 RACQUET CIRCLE LEESBURG, FL 34748	☐ Delete	TD TAYLOR, RAY 22115 CR 44A EUSTIS, FL 32726	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLING, BRIAN 9009 HEATHLAND COURT MOUNT DORA, FL 32757	☐ Delete		☐ Change ☐ Addition

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: _____ 26 JAN 04 (352)728-2611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JIM FISCHER