

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33127

FILED  
Jan 25, 2009  
Secretary of State

**Entity Name:** HABITAT FOR HUMANITY OF LAKE-SUMTER, FLORIDA, INC.

**Current Principal Place of Business:**

710 S BAY STREET  
EUSTIS, FL 32726 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 186  
EUSTIS, FL 32727 US

**New Mailing Address:**

**FEI Number:** 59-2958036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, CHARLES D  
907 WEBSTER STREET  
LEESBURG, FL 34748 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 ( ) Delete  
Name: GOODGAME, EDWIN  
Address: 2118 SAINT IVES COURT  
City-St-Zip: CLERMONT, FL 34711

Title: VD ( ) Delete  
Name: TAYLOR, RAYNARD  
Address: 22115 CR 44A  
City-St-Zip: EUSTIS, FL 32726

Title: SD ( ) Delete  
Name: JOHNSON, LEE  
Address: 1612 CANAL COURT  
City-St-Zip: TAVARES, FL 32778

Title: TD ( ) Delete  
Name: TEDDER, BONNIE  
Address: 2108 DOGWOOD CIRCLE  
City-St-Zip: MT. DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDWIN GOODGAME

P

01/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date