


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90092 034 \*\*\*\*61.25

<b>DOCUMENT # N98000006674</b>					
1. Entity Name HABITAT RESOURCES OF DUVAL COUNTY, INC.					
Principal Place of Business 2404 HUBBARD STREET JACKSONVILLE, FL 32206			Mailing Address 2404 HUBBARD STREET JACKSONVILLE, FL 32206		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3545174	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'ROURKE, MARY KAY 2404 HUBBARD STREET JACKSONVILLE, FL 32206			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, JOHN			NAME	David Strickland
STREET ADDRESS	4431 HARBOUR ISLAND DR			STREET ADDRESS	300 W. Adams St.
CITY-ST-ZIP	JACKSONVILLE, FL 32225			CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTGOMERY, ANNIE			NAME	Greg Matovina
STREET ADDRESS	3435 KINGSTON ST.			STREET ADDRESS	2935 Hartley Rd, Suite 108
CITY-ST-ZIP	JACKSONVILLE, FL 32254			CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXTER, GLENDELYN			NAME	Glenderlyn Baxter
STREET ADDRESS	1409 WINDLE ST			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32209			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'ROURKE, MARY KAY			NAME	
STREET ADDRESS	340 E. ASHLEY ST			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32202			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTHWELL, MARTHA J			NAME	
STREET ADDRESS	11114 ZEPHYR WAY			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32223			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>M. Jane Southwell</i>		<i>M. Jane Southwell</i>		<i>4-19-07 904-798-4529</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	