

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N37817

FILED
Jan 20, 2002 8:00 AM
Secretary of State

Entity Name: HABITAT FOR HUMANITY OF BAY COUNTY, FLORIDA, INC.

Current Principal Place of Business:

PO BOX 408
PANAMA CITY, FL 32402 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 408
PANAMA CITY, FL 32402 US

New Mailing Address:

FEI Number: 59-3007298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DOUGLAS L.
221 MCKENZIE AVE
PANAMA CITY, FL 32401 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: P () Delete
Name: PHILLIPS, VELMA
Address: 4225 MILL BAYOU RD.
City-St-Zip: PANAMA CITY, FL 32404

Title: SD () Delete
Name: REED, DREENA
Address: 626 MAINE AVE
City-St-Zip: PANAMA CITY, FL

Title: TD () Delete
Name: SONTAG, TOM
Address: 604 BAYWOOD DR
City-St-Zip: LYNN HAVEN, FL

Title: D () Delete
Name: SMITH, DOUGLAS L
Address: 807 FLORIDA AVE
City-St-Zip: PANAMA CITY, FL

Title: FSD () Delete
Name: LEWIS, MARGARET
Address: 328 BUNKERS COVE ROAD
City-St-Zip: PANAMA CITY, FL 32401

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: VPD () Change (X) Addition
Name: STEERE, DAVID
Address: 7311 EMERSON DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOUGLAS L. SMITH

D

01/20/2002

Electronic Signature of Signing Officer or Director

Date