2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 05, 2019
Secretary of State
5970509449CR

DOCUMENT# N23312

Entity Name: HABITAT FOR HUMANITY OF EAST POLK COUNTY, INC.

Current Principal Place of Business:

3550 RECKER HWY
WINTER HAVEN, FL 33880

Current Mailing Address:

3550 RECKER HWY
WINTER HAVEN, FL 33880 US

FEI Number: 59-2856392

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FARISH, JULIE AED
3550 RECKER HIGHWAY
WINTER HAVEN, FL 33880-1958 US

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: JULIE FARISH 02/05/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	WATSON, SHARON
Address	230 W CENTRAL AVE.
City-State-Zip:	WINTER HAVEN FL 33882

Title	P
Name	LOVELL, JARRED
Address	636 FIRST STREET S
City-State-Zip:	WINTER HAVEN FL 33880

Title	VP
Name	ADAMS, CARTER
Address	3550 RECKER HWY
City-State-Zip:	WINTER HAVEN FL 33880

Title	SECRETARY
Name	JOHNSON, HEATH
Address	369 MAGNETA LOOP
City-State-Zip:	AUBURNDALE FL 33823

Title	DIRECTOR
Name	REEL, SANDRA
Address	453 PINEHURST CT
City-State-Zip:	WINTER HAVEN FL 33884

Title	DIRECTOR
Name	NICHOLSON, DAVID
Address	235 6TH STREET NW APT. 505
City-State-Zip:	WINTER HAVEN FL 33881

Title	TREASURER
Name	CONNER, JOSH
Address	2820 JAN MAR DRIVE
City-State-Zip:	AUBURNDALE FL 33823

Title	DIRECTOR
Name	REEVES, BRIAN
Address	3806 FIELDSTONE CIRCLE
City-State-Zip:	WINTER HAVEN FL 33881

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I hereby 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 all other like empowered.

SIGNATURE: JOSH CONNER TREASURER 02/05/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HAZELWOOD, HARRY
Address	2109 EDGEWATER CIRCLE
City-State-Zip:	WINTER HAVEN FL 33880

Title	DIRECTOR
Name	WINTERS, DEBORAH
Address	2122 EDGEWATER CIRCLE
City-State-Zip:	WINTER HAVEN FL 33880