2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005978

FILED Apr 28, 2005 Secretary of State

Entity Name: HABITAT FOR HUMANITY OF LAKE CITY/COLUMBIA COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 678 SE BAYA AVE 254 SE WOODHAVEN ST LAKE CITY, FL 32025 LAKE CITY, FL 32025 **Current Mailing Address: New Mailing Address:** PO BOX 487 LAKE CITY, FL 32056 FEI Number: 59-3736063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MANGRUM, DAVID E COBB, BILL 254 SÉ WOODHAVEN ST 2091 S.W. MAIN BLVD US LAKE CITY, FL 32025 LAKE CITY, FL 32025 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: BILL COBB 04/28/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VCD () Delete () Change () Addition MANGRUM, DAVID E Name: Name: 634 SW MAY HALL TERRACE Address: Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: Title: CD Title: () Delete () Change () Addition COBB, BILL Name: Name: Address: 254 S.E. WOODHAVEN ST. Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: Title: CD () Delete Title: (X) Change () Addition JOHNS, LONNIE REV REYNOLDS, DAVID S Name: Name: 884 SAN JUAN PLACE Address: Address: 200 SE MOHAWK WAY City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: LAKE CITY, FL 32025 Title: CD () Delete Title: () Change () Addition Name: LINDSAY, NOAH Name: Address: P.O. BOX 2423 Address: City-St-Zip: LAKE CITY, FL 32056 City-St-Zip: Title: () Delete Title: () Change () Addition DUPREE, JODY Name: Name: P.O. BOX 2861 Address: Address: City-St-Zip: LAKE CITY, FL 32056 City-St-Zip: Title: () Delete Title: () Change () Addition MORRISON, REV. ROY Name: Name: Address: 138 S.W. TULIP PLACE Address: LAKE CITY, FL 32025 City-St-Zip: City-St-Zip:

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: BILL COBB CD 04/28/2005