

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2006  
Secretary of State**

DOCUMENT# N01000005978

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

**Current Principal Place of Business:**

254 SE WOODHAVEN ST  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 487  
LAKE CITY, FL 32056

**New Mailing Address:**

FEI Number: 59-3736063      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COBB, BILL  
254 SE WOODHAVEN ST  
LAKE CITY, FL 32025      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: VCD      ( ) Delete  
Name: MANGRUM, DAVID E  
Address: 634 SW MAY HALL TERRACE  
City-St-Zip: LAKE CITY, FL 32025

Title: CD      ( ) Delete  
Name: COBB, BILL  
Address: 254 S.E. WOODHAVEN ST.  
City-St-Zip: LAKE CITY, FL 32025

Title: CD      ( ) Delete  
Name: REYNOLDS, DAVID S  
Address: 200 SE MOHAWK WAY  
City-St-Zip: LAKE CITY, FL 32025

Title: CD      ( ) Delete  
Name: LINDSAY, NOAH  
Address: P.O. BOX 2423  
City-St-Zip: LAKE CITY, FL 32056

Title: D      ( ) Delete  
Name: DUPREE, JODY  
Address: P.O. BOX 2861  
City-St-Zip: LAKE CITY, FL 32056

Title: CD      ( ) Delete  
Name: MORRISON, REV. ROY  
Address: 138 S.W. TULIP PLACE  
City-St-Zip: LAKE CITY, FL 32025

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT REYNOLDS

CD

04/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date