

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 20, 2009
Secretary of State**

DOCUMENT# N01000005978

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

Current Principal Place of Business:

506 SW WALTER AVENUE
LAKE CITY, FL 32024

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:

FATZINGER, CARL W
506 SW WALTER AVENUE
LAKE CITY, FL 32024 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: CD () Delete
Name: FATZINGER, JERRY S
Address: 506 SW WALTER AVE
City-St-Zip: LAKE CITY, FL 32024

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

Title: CD () Delete
Name: BRECHEEN, MIKE
Address: 480 SE LILLIAN LOOP # 103
City-St-Zip: LAKE CITY, FL 32025

Title: CD () Delete
Name: MELUM, JOHN
Address: 678 NW EMERALD LAKES DRIVE
City-St-Zip: LAKE CITY, FL 32055

Title: CD () Delete
Name: LECLAIR, PAUL
Address: 127 SW WILSHIRE DRIVE
City-St-Zip: LAKE CITY, FL 32024

Title: CD () Delete
Name: MELUM, MARY
Address: 678 NW EMERALD LAKES DRIVE
City-St-Zip: LAKE CITY, FL 32055

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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: CARL W. FATZINGER

D

03/20/2009

Electronic Signature of Signing Officer or Director

Date