

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90048 038 \*\*\*\*61.25

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01132005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N01000008499</b>					
1. Entity Name <b>HABITAT FOR HUMANITY OF CENTRAL PASCO COUNTY, INC.</b>					
Principal Place of Business <b>5514 LAND O' LAKES BLVD LAND O' LAKES, FL 34639</b>			Mailing Address <b>5514 LAND O' LAKES BLVD LAND O' LAKES, FL 34639</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>59-3755589</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LUTES, PAMELA D 4111 LAND O LAKES BLVD., STE 302-D LAND O LAKES, FL 34639</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUTES, PAMELA	NAME			
STREET ADDRESS	4111 LAND O LAKES BLVD., STE 302-D	STREET ADDRESS			
CITY-ST-ZIP	LAND O LAKES, FL 34639	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	D+ VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOLNAR, LOUIS G	NAME	SAME		
STREET ADDRESS	3712 LAKE JOYCE DR	STREET ADDRESS			
CITY-ST-ZIP	LAND O LAKES, FL 34639	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	D+ P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REESE, CHARLIE	NAME	SAME		
STREET ADDRESS	19907 READING RD	STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JENKINS, JIM	NAME	Same		
STREET ADDRESS	9620 TURF DR	STREET ADDRESS			
CITY-ST-ZIP	LAND O LAKES, FL 34639	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCARHTY, JERRY	NAME	Same		
STREET ADDRESS	1531 N. DALE MABRY HWY 101	STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 34639	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	FRANCIS SHREWSBURY		
STREET ADDRESS		STREET ADDRESS	21525 TRUMPETER		
CITY-ST-ZIP		CITY-ST-ZIP	LAND O LAKES FL 34639		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		1/13/05		813 996 4256	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Check 1139