2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008499

FILED Jul 07, 2006 Secretary of State

Entity Name: HABITAT FOR HUMANITY OF CENTRAL PASCO COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 5514 LAND O' LAKES BLVD POST OFFICE BOX 2107 LAND O' LAKES, FL 34639 LAND O' LAKES, FL 346392107 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 2107 5514 LAND O' LAKES BLVD LAND O' LAKES, FL 34639 LAND O' LAKES, FL 346392107 FEI Number: 59-3755589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LUTES, PAMELA D 4111 LAND O LAKES BLVD., STE 302-D LAND O LAKES, FL 34639 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LUTES, PAMELA TRIPP, DOUGLAS Name: Name: 4111 LAND O LAKES BLVD., STE 302-D Address: POST OFFICE BOX 2466 Address: City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: LAND O' LAKES, FL 346392466 Title: () Delete Title: (X) Change () Addition MOLNAR, LOUIS G Name: SHELTON, MARK Name: Address: 3712 LAKE JOYCE DR Address: 1519 DALE MABRY HIGHWAY, SUITE 100 City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: LUTZ, FL 33548 Title: () Delete Title: (X) Change () Addition REESE, CHARLIE SHREWSBURY, FRANCIS L Name: Name: 19907 READING RD Address: Address: 21525 TRUMPETER DRIVE City-St-Zip: City-St-Zip: LUTZ. FL 33549 LAND O' LAKES, FL 346394449 Title: (X) Delete Title: () Change () Addition Name: JENKINS, JIM Name: Address: 9620 TURF DR Address: City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: Title: (X) Delete Title: () Change () Addition MCCARHTY, JERRY Name: Name: 1531 N. DALE MABRY HWY 101 Address: Address: City-St-Zip: LUTZ, FL 34639 City-St-Zip: Title: (X) Delete Title: () Change () Addition SHREWSBURY, FRANCIS Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: FRANCIS LAURENCE SHREWSBURY TREA 07/07/2006

Address:

City-St-Zip:

21525 TRUMPETER

LAND O LAKES, FL 34639