

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90262 006 \*\*\*\*70.00

<b>DOCUMENT # N01000008499</b>					
<b>1. Entity Name</b> HABITAT FOR HUMANITY OF CENTRAL PASCO COUNTY, INC.					
<b>Principal Place of Business</b> POST OFFICE BOX 2107 LAND O' LAKES, FL 34639-2107			<b>Mailing Address</b> POST OFFICE BOX 2107 LAND O' LAKES, FL 34639-2107		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01112007    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 59-3755589				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LUTES, PAMELA D 4111 LAND O LAKES BLVD., STE 302-D LAND O LAKES, FL 34639			<b>7. Name and Address of New Registered Agent</b> Name <b>SHELTON, MARK</b> Street Address (P.O. Box Number is Not Acceptable) 1519 DALE MABRY HIGHWAY SUITE 100 City <b>LUTZ</b> <b>FL</b> Zip Code <b>33548</b>		
<b>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.</b>  SIGNATURE <u>MARK SHELTON</u> DATE <u>JANUARY 12, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PRES</b> TRIPP, DOUGLAS POST OFFICE BOX 2466 LAND O' LAKES, FL 346392466		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PRESIDENT</b> SHELTON, MARK 1519 DALE MABRY HIGHWAY, SUITE 100 LUTZ, FLORIDA 33548	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SEC</b> SHELTON, MARK 1519 DALE MABRY HIGHWAY, SUITE 100 LUTZ, FL 33548		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SECRETARY</b> GAILIT, RANDY 22709 NEFF COURT LAND O' LAKES, FLORIDA 34639	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TR</b> SHREWSBURY, FRANCIS L 21525 TRUMPETER DRIVE LAND O' LAKES, FL 346394449		[Empty Row]		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Empty Row]		[Empty Row]		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Empty Row]		[Empty Row]		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Empty Row]		[Empty Row]		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u>Francis Laurence Shrewsbury</u>			<b>FRANCIS LAURENCE SHREWSBURY</b> 01/12/07    813 929 8800		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		

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