

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000005693

1. Entity Name
HABITAT FOR HUMANITY OF HARDEE COUNTY, INC.



Principal Place of Business

Mailing Address

~~663 S. 6TH AVE~~ 535 S 6th AVE STE 102 ~~663 S. 6TH AVE~~ 535 S 6th AVE STE 102
WAUCHULA, FL 33873 US WAUCHULA, FL 33873 US



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1651113

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARREN, PAMELA M P
3126 MERLE LANGFORD RD
ZOLFO SPRINGS, FL 33890

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000790367
01/23/08-80033-004 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME WARREN, PAMELA M
STREET ADDRESS 3126 MERLE LANGFORD RD
CITY-ST-ZIP ZOLFO SPRINGS, FL 33890

TITLE V
NAME SANDERS, CHARLES H
STREET ADDRESS 402 E. MAIN ST.
CITY-ST-ZIP BOWLING GREEN, FL 33834

TITLE S
NAME DURRANCE, JULIE
STREET ADDRESS 3067 COLLEGE HILL RD.
CITY-ST-ZIP BOWLING GREEN, FL 33834

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Charles H Sanders Jr Charles H SANDERS

1-18-08

863-375-2312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #