2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2009
Secretary of State

DOCUMENT# N02000005693

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

Current Principal Place of Business:

663 S. 6TH AV
WAUCHULA, FL 33873 US

New Principal Place of Business:

502 E MAIN STREET
BOWLING GREEN, FL 33834 US

Current Mailing Address:

663 S. 6TH AV
WAUCHULA, FL 33873 US

New Mailing Address:

502 E MAIN STREET
BOWLING GREEN, FL 33834 US

FEI Number: 73-1651113 **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:

WARREN, PAMELA M P
3126 MERLE LANGFORD RD
ZOLFO SPRINGS, FL 33890 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: PAMELA M WARREN
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WARREN, PAMELA M
Address: 3126 MERLE LANGFORD RD
City-St-Zip: ZOLFO SPRINGS, FL 33890 US

Title: V ( ) Delete
Name: SANDERS, CHARLES H
Address: 402 E. MAIN ST.
City-St-Zip: BOWLING GREEN, FL 33834 US

Title: S ( ) Delete
Name: DURRANCE, JULIE
Address: 3067 COLLEGE HILL RD.
City-St-Zip: BOWLING GREEN, FL 33834 US

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:

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: PAMELA M WARREN P 10/07/2009
Electronic Signature of Signing Officer or Director — Date