2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2011
Secretary of State

DOCUMENT# N02000005693

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

Current Principal Place of Business:

502 E MAIN STREET
BOWLING GREEN, FL 33834 US

New Principal Place of Business:

Current Mailing Address:

502 E MAIN STREET
BOWLING GREEN, FL 33834 US

New Mailing Address:

FEI Number: 73-1651113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: D
Name: WILSON, JO ANN
Address: 1661 PAULA DRIVE
City-St-Zip: WAUCHULA, FL 33873 US

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

Title: D
Name: DURRANCE, DIANA
Address: 3632 W MAIN ST
City-St-Zip: WAUCHULA, FL 33873 US

Title: D
Name: SHEILA, ROBERTS
Address: 4920 OLLIE ROBERTS ROAD
City-St-Zip: BOWLING GREEN, FL 33834 US

Title: D
Name: STEVENS, KERMIT
Address: 805 SUMMIT ST
City-St-Zip: WAUCHULA, FL 33873 US

I hereby 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 all other like empowered.

SIGNATURE: SHEILA ROBERTS D 01/24/2011

Electronic Signature of Signing Officer or Director Date