

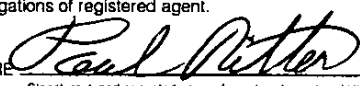



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90439 001 ****61.25

DOCUMENT # N02000007969 1. Entity Name HABITAT FOR HUMANITY OF OKEECHOBEE COUNTY, INC.					
Principal Place of Business 2825 S.W. 3RD TERRACE OKEECHOBEE, FL 34974			Mailing Address 2825 S.W. 3RD TERRACE OKEECHOBEE, FL 34974		
2. Principal Place of Business 1600B SW. 2nd Avenue Suite, Apt. #, etc.		3. Mailing Address 1600B SW 2nd Avenue Suite, Apt. #, etc.		40061030 	
City & State Okeechobee		City & State Okeechobee			
Zip 34974		Country USA			
4. FEI Number 06-1652272		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		03052006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent RITTER, PAUL G 2301 S.W. 3RD AVENUE OKEECHOBEE, FL 34974					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P FISCHER, JUDE 6800 N.E. 136TH STREET OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	VP RITTER, PAUL 2301 S.W. 3RD AVE OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP					
TITLE	T SYFRETT, FRANCES P.O. BOX 1287 OKEECHOBEE, FL 34973	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	BDM MIXON, J. D 1887 SW 8TH STREET OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	BDM HARLEY, MARY 4290 SE 50TH AVE OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP					
TITLE	S DUTTON, DICK 1400 SE 21ST ST. OKEECHOBEE, FL 34974	<input checked="" type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: Mary Hurley 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/20/06					
Daytime Phone #: 863-467-5780					