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Secretary of State
02-18-2008 90021 024 ****70.00

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000007969

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

40027233

Principal Place of Business	Mailing Address
1600 B SW 2ND AVE OKEECHOBEE, FL 34974	1600 B SW 2ND AVE OKEECHOBEE, FL 34974

01082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1600B SW 2nd. Ave. Suite, Apt. #, etc.	1600B SW 2nd. Ave Suite, Apt. #, etc.
City & State: Okeechobee, FL Zip: 34974 Country: USA	City & State: Okeechobee, FL Zip: 34974 Country: USA

4. FEI Number 06-1652272 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RITTER, PAUL G 2301 S.W. 3RD AVENUE OKEECHOBEE, FL 34974	Name: Jean Murphy Street Address (P.O. Box Number is Not Acceptable): 6 Casey Lane, BHR City: Okeechobee FL Zip Code: 34974

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: Jean Murphy, President
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FISCHER, JUDE 6800 N.E. 136TH STREET OKEECHOBEE, FL 34972	☒ Delete	P Jean Murphy 6 Casey Lane, BHR ~~Okeechobee, FL 34974~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RITTER, PAUL 2301 S.W. 3RD AVE OKEECHOBEE, FL 34974	☒ Delete	VP J. D. Mixon 1887 SW 8th. St. ~~Okeechobee, FL 34974~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SYFRETT, FRANCES ~~P.O. BOX 1287~~ / 625 S NW 72nd Ave OKEECHOBEE, FL 34973 34972	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BDM MIXON, J. D 1887 SW 8TH STREET OKEECHOBEE, FL 34974	☒ Delete	BDM Jude Fischer 6800 NE 136th. St. ~~Okeechobee, FL 34972~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BDM HURLEY, MARY 4390 SE 50TH AVE OKEECHOBEE, FL 34974	☒ Delete	BDM Jim McInnes 7431 Hwy 78 W ~~Okeechobee, FL 34974~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Jean Murphy, President (863) 634-5236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #