2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007969

FILED Jan 13, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1600B SW 2ND AVE OKEECHOBEE, FL 34974

Current Mailing Address: New Mailing Address:

1600B SW 2ND AVE OKEECHOBEE, FL 34974

FEI Number: 06-1652272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FISCHER, JUDE 600 NE 136TH. STREET OKEECHOBEE, FL 34972 US

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: F

 Name:
 FISCHER, JUDE

 Address:
 6800 NE 136TH. ST.

 City-St-Zip:
 OKEECHOBEE, FL 34972

Title: VP

 Name:
 THORNTON, ED

 Address:
 1887 NE 54TH TRAIL

 City-St-Zip:
 OKEECHOBEE, FL 34972

Title: T

 Name:
 SYFRETT, FRANCES

 Address:
 16505 NW 220TH. STREET

 City-St-Zip:
 OKEECHOBEE, FL 34972

Title: BDM

Name: JIM, DAWSON

Address: 200 NW 2ND. STREET
City-St-Zip: OKEECHOBEE, FL 34972

Title: BDM

Name: MCINNES, JIM Address: 7431 HWY 78 W

City-St-Zip: OKEECHOBEE, FL 34974

Title: BDM

 Name:
 MATSON, SHIRLEY

 Address:
 1636 SW 35TH. CIRCLE

 City-St-Zip:
 OKEECHOBEE, FL 34974

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: ELOISE BROWN SEC 01/13/2010