

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000007969

FILED  
Apr 23, 2013  
Secretary of State

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

**Current Principal Place of Business:**

1600B SW 2ND AVE  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

1600B SW 2ND AVE  
OKEECHOBEE, FL 34974

**New Mailing Address:**

**FEI Number:** 06-1652272

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SYFRETT, FRANCES  
16505 N.W. 220TH STREET  
OKEECHOBEE, FL 34972 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: FRANCES SYFRETT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SYFRETT, FRANCES  
Address: 16505 N.W. 220TH STREET  
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: MITCHUM, REGINA  
Address: 1675 S.W. 35TH CIRCLE  
City-St-Zip: OKEECHOBEE, FL 34974

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: FRANCES SYFRETT

P

04/23/2013

Electronic Signature of Signing Officer or Director

Date