

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004286

FILED
Apr 29, 2004
Secretary of State**Entity Name:** HABITAT FOR HUMANITY OF FRANKLIN COUNTY FLORIDA, INCORPORATED**Current Principal Place of Business:**P.O. BOX 373
EASTPOINT, FL 32328**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 373
EASTPOINT, FL 32328**New Mailing Address:****FEI Number:** 38-3672119 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**NUZZETT, WILLIAM A
100 BECHRICH ROAD
SUITE 200
PANAMA CITY BEACH, FL 32407 US**Name and Address of New Registered Agent:**BUZZETT, WILLIAM A
100 BECHRICH ROAD
SUITE 200
PANAMA CITY BEACH, FL 32407 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: WILLIAM A. BUZZETT

04/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: ARCHIBALD, GERARD
Address: P.O. BOX 373
City-St-Zip: EASTPOINT, FL 32328**Title:** D () Delete
Name: ASHLEY, DON
Address: P.O. BOX 373
City-St-Zip: EASTPOINT, FL 32328**Title:** D () Delete
Name: BUTLER, DENISE
Address: P.O. BOX 373
City-St-Zip: EASTPOINT, FL 32328**Title:** D () Delete
Name: BUZZETT, BILLY
Address: P.O. BOX 373
City-St-Zip: EASTPOINT, FL 32328**Title:** D () Delete
Name: BEAN, MASON
Address: P.O. BOX 373
City-St-Zip: EASTPOINT, FL 32328**Title:** D () Delete
Name: BOND, ELLA
Address: P.O. BOX 373
City-St-Zip: EASTPOINT, FL 32328**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: BROWN, MAX
Address: 218 BOBBY CATO ROAD
City-St-Zip: APALACHICOLA, FL 32320**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DT (X) Change () Addition
Name: BUTLER, CLIFF
Address: P.O. BOX 411
City-St-Zip: EASTPOINT, FL 32328**Title:** DS (X) Change () Addition
Name: BOND, ELLA
Address: P.O. BOX 373
City-St-Zip: EASTPOINT, FL 32328

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CLIFF BUTLER

DP

04/29/2004

Electronic Signature of Signing Officer or Director

Date