2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004286

FILED Feb 01, 2005 Secretary of State

Entity Name: HABITAT FOR HUMANITY OF FRANKLIN COUNTY FLORIDA, INCORPORATED

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

P.O. BOX 373 73 AVENUE E

EASTPOINT, FL 32328 APALACHICOLA, FL 32320

Current Mailing Address: New Mailing Address:

P.O. BOX 373

EASTPOINT, FL 32328

FEI Number: 38-3672119 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:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change() Addition

 Name:
 BROWN, MAX
 Name:

 Address:
 218 BOBBY CATO ROAD
 Address:

 City-St-Zip:
 APALACHICOLA, FL 32320
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 ASHLEY, DON
 Name:
 ASHLEY, DON

 Address:
 P.O. BOX 373
 Address:
 RIO VISTA

 City-St-Zip:
 EASTPOINT, FL 32328
 City-St-Zip:
 SOPCHOPPY, FL 32358

Title: D () Delete Title: D (X) Change () Addition

 Address:
 P.O. BOX 373
 Address:
 198-5TH STREET

 City-St-Zip:
 EASTPOINT, FL 32328
 City-St-Zip:
 APALACHICOLA, FL 32320

Title: () Delete Title: D (X) Change () Addition Name: BUZZETT, BILLY Name: DAY, ROBERT L 573 EAST GULF BEACH DRIVE Address: P.O. BOX 373 Address: City-St-Zip: EASTPOINT, FL 32328 City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: DT () Delete Title: DT (X) Change () Addition

Name: BUTLER, CLIFF Name: BUTLER, CLIFF

Address: P.O. BOX 411 Address: 145 NORTH BAYSHORE DRIVE

City-St-Zip: EASTPOINT, FL 32328 City-St-Zip: EASTPOINT, FL 32328

Title: DS () Delete Title: DS (X) Change () Addition

 Name:
 BOND, ELLA
 Name:
 BOND, ELLA C

 Address:
 P.O. BOX 373
 Address:
 210 AVENUE E

City-St-Zip: EASTPOINT, FL 32328 City-St-Zip: APALACHICOLA, FL 32320

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 DT 02/01/2005