# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2006**
**Secretary of State**

DOCUMENT# N03000004286

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

**Current Principal Place of Business:**

73 AVENUE E
APALACHICOLA, FL 32320

**New Principal Place of Business:**

78 11TH STREET
SUITE 3
APALACHICOLA, FL 32320

**Current Mailing Address:**

P.O. BOX 373
EASTPOINT, FL 32328

**New Mailing Address:**

78 11TH STREET
SUITE 3
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:**

BUZZETT, WILLIAM A
100 BECHRICH ROAD
SUITE 200
PANAMA CITY BEACH, FL 32407 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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: BROWN, MAX
Address: 218 BOBBY CATO ROAD
City-St-Zip: APALACHICOLA, FL 32320

Title: D ( ) Delete
Name: ASHLEY, DON
Address: RIO VISTA
City-St-Zip: SOPCHOPPY, FL 32358

Title: D ( ) Delete
Name: RUSS, CORA
Address: 198-5TH STREET
City-St-Zip: APALACHICOLA, FL 32320

Title: D ( ) Delete
Name: DAY, ROBERT L
Address: 573 EAST GULF BEACH DRIVE
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: DT ( ) Delete
Name: BUTLER, CLIFF
Address: 145 NORTH BAYSHORE DRIVE
City-St-Zip: EASTPOINT, FL 32328

Title: DS ( ) Delete
Name: BOND, ELLA C
Address: 210 AVENUE E
City-St-Zip: APALACHICOLA, FL 32320

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 TRES 04/30/2006

Electronic Signature of Signing Officer or Director — Date