

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004286

FILED  
Apr 29, 2007  
Secretary of State

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

**Current Principal Place of Business:**

78 11TH STREET  
SUITE 3  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

248 US HWY 98  
SUITE 106  
EASTPOINT, FL 32328

**Current Mailing Address:**

78 11TH STREET  
SUITE 3  
EASTPOINT, FL 32328

**New Mailing Address:**

P. O. BOX 373  
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: D (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: DST (X) Change ( ) Addition  
Name: BUTLER, CLIFF  
Address: 145 NORTH BAYSHORE DRIVE  
City-St-Zip: EASTPOINT, FL 32328

Title: DP (X) Change ( ) Addition  
Name: FRINK, SKIP  
Address: 1859 W HWY 98  
City-St-Zip: CARRABELLE, FL 32322

I hereby certify that the information supplied with this filing does not qualify 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

T

04/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date