

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004286

FILED  
Apr 21, 2009  
Secretary of State

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

**Current Principal Place of Business:**

248 US HWY 98  
SUITE 106  
EASTPOINT, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 373  
SUITE 3  
EASTPOINT, FL 32328

**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:**

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

Title: DP ( ) Delete  
Name: FRINK, SKIP  
Address: 1859 WEST HWY 98  
City-St-Zip: CARRABELLE, FL 32322 US

Title: DS ( ) Delete  
Name: NEEL, CINDY  
Address: 2400 HWY 67  
City-St-Zip: CARRABELLE, FL CARRABELL US

Title: D ( ) Delete  
Name: SINK, JOHN  
Address: 112 LAS BRISAS WAY  
City-St-Zip: EASTPOINT, FL 32328 US

Title: D ( ) Delete  
Name: GRIFFIN, GARY  
Address: 258 NORTH BAYSHORE DRIVE  
City-St-Zip: EASTPOINT, FL 32328 US

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

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

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

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

Title: DS (X) Change ( ) Addition  
Name: CRUTCHFIELD, JILL A  
Address: 1110 RICHARDSON RD  
City-St-Zip: TALLAHASSEE, FL 32301 US

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 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

DT

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date