

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004286

FILED
Apr 27, 2010
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
EASTPOINT, FL 32328

New Mailing Address:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CLIFF BULER

TRES

04/27/2010

Electronic Signature of Signing Officer or Director

Date