

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004286

FILED  
Jan 06, 2012  
Secretary of State

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

**Current Principal Place of Business:**

192 14TH STREET  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

22 AVENUE E  
APALACHICOLA, FL 32320

**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:**

BANKS, KRISTA B ESQ  
171 HIGHWAY 98  
SUITE A  
EASTPOINT, FL 323278 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: GAY, DONNIE  
Address: 274 NORTH BAYSHORE DR.  
City-St-Zip: EASTPOINT, FL 32328 US

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

Title: DP  
Name: ASHLEY, PAMELA A  
Address: 153 RIO VISTA DRIVE  
City-St-Zip: SOPCHOPPY, FL 32358 US

Title: D  
Name: BROWN, MAX M  
Address: 25 INDIAN MOUND DRIVE  
City-St-Zip: EASTPOINT, FL 32328 US

Title: DVP  
Name: RUSS, CORA L  
Address: 198 5TH STREET  
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: DONNIE GAY

DT

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date