

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011729

FILED
Apr 21, 2008
Secretary of State

Entity Name: HAMILTON COUNTY HOUSING FOR HUMANITY, INC.

Current Principal Place of Business:

8085 NW CR 146
JENNINGS, FL 32053

New Principal Place of Business:

Current Mailing Address:

8085 NW CR 146
JENNINGS, FL 32053

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS, ROBERT GLENN
3500 VIA DE LA REINA
JACKSONVILLE, FL 32217 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: D () Delete
Name: RICHARDS, ROBERT GLENN
Address: 3500 VIA DE LA REINA
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: AUER, JOHN
Address: 4990 SW 71ST ST LOOP
City-St-Zip: JASPER, FL 32052

Title: D () Delete
Name: VAUGHN, LOUIS
Address: 101 SW 6TH AVENUE
City-St-Zip: JASPER, FL 32052

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:

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: ROBERT G RICHARDS

MGRM

04/21/2008

Electronic Signature of Signing Officer or Director

Date