

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90203 001 ****61.25

DOCUMENT # N05000002396

1. Entity Name
**HABITAT FOR HUMANITY OF GULF COUNTY,
INCORPORATED**



Principal Place of Business
**528 6TH STREET
PORT ST. JOE., FL 32456 US**

Mailing Address
**P.O. BOX 675
PORT ST. JOE., FL 32456 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282008 Chg-NP CR2E037 (12/06)

4. FEI Number
35-2250083

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAGIDSON, JR., MEL C
528 6TH STREET
PORT ST. JOE., FL 32456**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by: May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MELVIN, TRACY	
STREET ADDRESS	507 C 7TH STREET	
CITY-ST-ZIP	PORT ST. JOE., FL 32456	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGIDSON, JR., MEL C	
STREET ADDRESS	528 6TH STREET	
CITY-ST-ZIP	PORT ST. JOE., FL 32456	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALSOBROOK, GAIL	
STREET ADDRESS	4550 WEST HWY. 98	
CITY-ST-ZIP	PORT ST. JOE., FL 32456	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, ERIC	
STREET ADDRESS	4550 WEST HWY. 98	
CITY-ST-ZIP	PORT ST. JOE., FL 32456	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLACK, DANA	
STREET ADDRESS	704 NAUTILUS DR.	
CITY-ST-ZIP	PORT ST., JOE, FL 32456	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWEERS, JOHN	
STREET ADDRESS	109 HIDDEN RIDGE RD.	
CITY-ST-ZIP	PORT ST. JOE., FL 32456	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Cleckley	
STREET ADDRESS	524 Cecil G. Cothran Sr. Blvd.	
CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith L. Jones	
STREET ADDRESS	411 Reid Avenue	
CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mac Fulcher	
STREET ADDRESS	1001 Constitution Drive	
CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Matincheck	
STREET ADDRESS	P.O. Box 13594	
CITY-ST-ZIP	Mexico Beach, FL 32410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Keith L. Jones, CPA **Keith L. Jones** 3/1/08 (059229-1040)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #