

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N05000005014**

1. Entity Name  
HABITAT FOR HUMANITY OF SUWANNEE VALLEY, INC.



Principal Place of Business  
4410 SE 108TH LANE  
BELLEVUE, FL 34420

Mailing Address  
4410 SE 108TH LANE  
BELLEVUE, FL 34420



04172007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-3191070	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CARROLL, JUSTIN L JR  
4410 SE 108TH LANE  
BELLEVUE, FL 34420

**DO NOT WRITE  
IN THIS SPACE**

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: *Justin L Carroll, Jr* **JUSTIN L CARROLL, JR DIRECTOR** **4/28/07**  
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, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, LINDA A 9151 NE 88 ST BRONSON, FL 32621
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, CAROL ANN PO BOX 24 OTTER CREEK, FL 32683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, PATRICIA A 2707 SW 33RD LANE APT 504 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUMMINGS, WILLIAM PO BOX 1356 TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUMMINGS, DEANNA PO BOX 1356 TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000747556  
05/17/07-80029-013 61.25

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IN THIS SPACE**

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: *Justin L Carroll, Jr* **JUSTIN L CARROLL, JR DIRECTOR** **4/28/07 (352) 347-3240**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #