2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State
01-20-2005 90041 002 ****61.25

DOCUMENT # N07086

1. Entity Name
PINELLAS HABITAT FOR HUMANITY, INC.

50004300

Principal Place of Business	Mailing Address
1255 STARKEY ROAD, SUITE 2 LARGO, FL 33771 US	PO BOX 5140 LARGO, FL 33779-5140 US

01032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
3071 118Th Ave N.	3071 118Th Ave N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. Petersburg, FL	City & State: ST. Petersburg FL
Zip: 33716 Country: Pinellas	Zip: 33716 Country: Pinellas

4. FEI Number: 59-2509116 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NILS, GIERE
1255 STARKEY RD, SUITE 2
LARGO, FL 33771

7. Name and Address of New Registered Agent

Name: Barbara Inman
Street Address (P.O. Box Number is Not Acceptable)
3071 118th Ave N.
City: ST. Petersburg FL Zip Code: 33716

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: Barbara Inman 1-10-05
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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OBERHOFER, TOM 29 JEFFERSON CT S. SAINT PETERSBURG, FL 33711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOSMAN, JACQUELINE 2258 CAPRI DR CLEARWATER, FL 33763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MITCHELL, JEFF 327 LOTUS PATH BELLAIR, FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jacqueline Hosman Jacqueline L. Hosman 1/10/05 727-786-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #