# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 26, 2007 8:00 am**
**Secretary of State**
01-26-2007 90030 045 ****61.25

DOCUMENT # N07086

1. Entity Name
HABITAT FOR HUMANITY OF PINELLAS COUNTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3071 118TH AVE N<br>SAINT PETERSBURG, FL 33716 US | 3071 118TH AVE N<br>SAINT PETERSBURG, FL 33716 US |

600007256

01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

INMAN, BARBARA
8526 BETH CT
ODESSA, FL 33556

**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 _____
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 | PD |
| NAME | HOSMAN, JACQUELINE |
| STREET ADDRESS | 2258 CAPRI DR |
| CITY-ST-ZIP | CLEARWATER, FL 33763 |
| TITLE | TD |
| NAME | MITCHELL, JEFF |
| STREET ADDRESS | 327 LOTUS PATH |
| CITY-ST-ZIP | BELLAIR, FL 33756 |
| TITLE | D |
| NAME | MILLER, JAY |
| STREET ADDRESS | 723 17TH AVE NE |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33704 |
| TITLE | ED |
| NAME | INMAN, BARBARA |
| STREET ADDRESS | 8526 BETH CT |
| CITY-ST-ZIP | ODESSA, FL 33556 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE 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:** Barbara Inman 1/23/07 (727) 536-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #