2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N07086 HABITAT FOR HUMANITY OF PINELLAS COUNTY, INC.

FILED Mar 20, 2008 8:00 am Secretary of State

03-20-2008 90034 045 ****61.25



						TEST						
3071 118TH	e of Business 1 AVE N RSBURG, FL 33716 US	307	ng Address 1 118TH AVE N IT PETERSBURG, FL	33716	3 US					5(00058	30
2. Principal P	Place of Business - No P.O. Box	c# 3. Ma	iling Address									
Suite, Apt.	# etc		uite, Apt. #, etc.		<u>.</u>		00470000					
							03172008	Chg-	NP	CR2E	037 (12/06)	
City & Stat	le	C	ity & State				4. FEI Number Applied For 59-2509116 Not Applicable			Applied For Not Applicable		
Zip	Country	Zi	p	Cou	ntry		5. Certificate	of Status	s Desired		\$8.75 A	
	6. Name and Address of C	Current Register	ed Agent				7. Name and	Addres	s of New I	Registere		
INMAN, BA	ARBARA	·			Name					,		-
8526 BETH CT ODESSA, FL 33556			Street Address			ddress (F	P.O. Box Numbe	er is Not	Acceptabl	le)		
0020014	7 2 33333											
					City					F	Zip Co	de
	named entity submits this state	ement for the purp	oose of changing its re	egistere	ed office or	registere	ed agent, or bot	th, in the	State of FI	lorida. I a	ım familiar witl	n, and accept
the obligation	To a consider the constant of	7	_									
SIGNATURE	Signature, typed or printed name of registe	May and title if an			ive Dir		when reinstating)		Ma	rch 1	7, 2008	
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	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Camp Trust Fund Co				\$5.00 May B Added to Fees	e			eck payable partment of	
10.	Due by May 1, 2008 OFFICERS	AND DIRECTORS	Trust Fund Co			LI.	\$5.00 May Bound Added to Fees DDITIONS/CHA		Flo	rida Dep	eartment of	State
TITLE	OFFICERS /	AND DIRECTORS	Trust Fund Co	11.	on. [A PD	Added to Fees DDITIONS/CH/		Flo	rida Dep	eartment of	N 10
	Due by May 1, 2008 OFFICERS	AND DIRECTORS	Trust Fund Co	11. TITLE	on. [A PD Miller, .	Added to Fees DDITIONS/CHA		Flo	rida Dep	DIRECTORS	N 10
TITLE NAME	OFFICERS / PD HOSMAN, JACQUELINE		Trust Fund Co	11. TITLE NAME STREE	on. [L PD Miller, ↓ 723 17t	Added to Fees DDITIONS/CH/	ANGES	Flo	rida Dep	DIRECTORS	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD HOSMAN, JACQUELINE 2258 CAPRI DR CLEARWATER, FL 33763		Trust Fund Co	11. TITLE NAME STREE CITY-	on. [L PD Miller, ↓ 723 17t	Added to Fees DDITIONS/CH/ Jay h Avenue NE	ANGES	Flo	rida Dep	DIRECTORS	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD HOSMAN, JACQUELINE 2258 CAPRI DR CLEARWATER, FL 3376:		Trust Fund Co	11. TITLE NAME STREE CITY- TITLE NAME	on. [L PD Miller, ↓ 723 17t	Added to Fees DDITIONS/CH/ Jay h Avenue NE	ANGES	Flo	rida Dep	DIRECTORS Change	State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD HOSMAN, JACQUELINE 2258 CAPRI DR CLEARWATER, FL 33763		Trust Fund Co	11. TITLE NAME STREE CITY- TITLE NAME STREE	on. [L PD Miller, ↓ 723 17t	Added to Fees DDITIONS/CH/ Jay h Avenue NE	ANGES	Flo	rida Dep	DIRECTORS Change	State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD HOSMAN, JACQUELINE 2258 CAPRI DR CLEARWATER, FL 3376: TD MITCHELL, JEFF 327 LOTUS PATH		Trust Fund Co	11. TITLE NAME STREE CITY- TITLE NAME STREE	on. [L PD Miller, ↓ 723 17t	Added to Fees DDITIONS/CH/ Jay h Avenue NE	ANGES	Flo	rida Dep	DIRECTORS Change	State N 10 Addition
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12. I hereby certify that the information supplied with this filling 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: Buirous du	Executive Director	−March-17 , -2008−	727-536-4755
BIGNATURE AND TYPED OR PRINTED HAI		Date	Daytime Phone #