2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07086

FILED Mar 18, 2009 Secretary of State

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

New Principal Place of Business: Current Principal Place of Business:

3071 118TH AVE N

SAINT PETERSBURG, FL 33716 US

Current Mailing Address: New Mailing Address:

3071 118TH AVE N

SAINT PETERSBURG, FL 33716 US

FEI Number: 59-2509116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

INMAN, BARBARA 8526 BETH CT

ODESSA, FL 33556 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

() Delete

MILLER, JAY Name:

723 17TH AVENUE NE Address:

City-St-Zip: SAINT PETERSBURG, FL 33704

Title: TD () Delete Name: MITCHELL, JEFF

Address: 327 LOTUS PATH City-St-Zip: BELLAIR, FL 33756

Title: () Delete

VAN LAW, WILLIAM Name: 4600 WATERFORD COURT NE Address:

City-St-Zip: SAINT PETERSBURG, FL 33703

Title: ED () Delete

Name: INMAN, BARBARA Address: 8526 BETH CT City-St-Zip: ODESSA, FL 33556 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BD (X) Change () Addition

MILLER, JAY Name:

Address: 723 17TH AVENUE NE

City-St-Zip: SAINT PETERSBURG, FL 33704

Title: **VBD** (X) Change () Addition

Name: JOHNSON, GINA Address: 17035 DOLPHIN DRIVE

City-St-Zip: N REDINGTON BEACH, FL 33708

Title: (X) Change () Addition

STOVER, CHERIN Name: Address: PO BOX 10731

City-St-Zip: SAINT PETERSBURG, FL 33712

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA INMAN ED 03/18/2009