2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07657

FILED Feb 20, 2008 Secretary of State

Entity Name: HABITAT FOR HUMANITY SARASOTA, INC.

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

1757 EAST AVENUE N SARASOTA, FL 34234

Current Mailing Address: New Mailing Address:

1757 EAST AVENUE N SARASOTA, FL 34234

FEI Number: 59-2495597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JACOBSON, MICHAEL ED SOUZA, ANTONE VPD
1757 EAST AVENUE N
SARASOTA, FL 34234 US SARASOTA, FL 34234 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: AMY KERN 02/20/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 LEACH, BROCK
 Name:
 PORTANOVA, ZEB

 Address:
 5315 HIDDEN HARBOR RD
 Address:
 1903 LINCOLN DR.

 City-St-Zip:
 SARASOTA, FL 34242
 City-St-Zip:
 SARASOTA, FL 34236

 Address:
 2677 TAMIAMI TRAIL S
 Address:
 5018 HIGEL AVE

 City-St-Zip:
 SARASOTA, FL 34239
 City-St-Zip:
 SARASOTA, FL 34242

Title: SD () Delete Title: SD (X) Change () Addition Name: RIPLEY, LAURIN Name: SCHEERLE, FRED

Address: 5018 HIGEL AVE Address: 12335 HOLLYBUSH TERRACE

City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34202

 Title:
 TD
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 RIPLEY, BOB
 Name:
 LEACH, BROCK

 Address:
 5018 HIGEL AVE
 Address:
 5315 HIDDEN HARBOR RD

City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34242

Title: D (X) Delete Title: () Change () Addition Name: FELLER, RONALD W Name:

 Name:
 FELLER, RONALD W
 Name:

 Address:
 4328 CAMINO MADERA
 Address:

 City-St-Zip:
 SARASOTA, FL 34238
 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: AMY KERN CFO 02/20/2008