

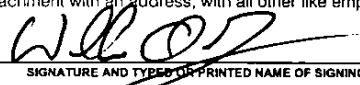


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90033 037 ****70.00

DOCUMENT # N15150 1. Entity Name ALACHUA HABITAT FOR HUMANITY, INC.					
Principal Place of Business 2317 SW 13TH ST GAINESVILLE, FL 32608 US			Mailing Address 2317 SW 13TH ST GAINESVILLE, FL 32608 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2750078	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FEATHER, DAVID G 6519 W NEWBERRY ROAD #411 GAINESVILLE, FL 32605				Name William A. McCoy	
				Street Address (P.O. Box Number is Not Acceptable) 7827 SE CR 234	
				City GAINESVILLE	
				FL Zip Code 32641	
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 				DATE 9-1-06	
Filing Fee is \$61.25 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D FEATHER, DAVID G 6519 W NEWBERRY RD #411 GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director William A McCoy 7827 SE CR 234 GAINESVILLE, FL 32641	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KILGOUR, MARY 4442 SOUTHWEST 85TH WAY GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Debby Combs Knopf 2257 N.W. 31st AVE GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARDNER, JON 2627 NW 43RD ST GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. WALTER DUKES P.O. Box 11573 GAINESVILLE FL 32611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMMONS, STEVE 3926 SW 89TH DRIVE GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUCE Hagewood 14715 NW 39th PLACE NEWBERRY FL 32669	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COMBS-KNOPF, DEBBY 2257 NORTHWEST 31ST AVENUE GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S mark Hinnebusch 1627 NW 12th St. GAINESVILLE, FL 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				DATE 9-1-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	