


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**


01-31-2007 90046 001 \*\*\*\*61.25

<b>DOCUMENT # N15150</b> 1. Entity Name ALACHUA HABITAT FOR HUMANITY, INC.	
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Principal Place of Business 2317 SW 13TH ST GAINESVILLE, FL 32608 US	Mailing Address 2317 SW 13TH ST GAINESVILLE, FL 32608 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

90001000



01192007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2750078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MCCOY, WILLIAM A 7827 SE CR 234 GAINESVILLE, FL 32641	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	ED <input type="checkbox"/> Delete
NAME	MCCOY, WILLIAM A
STREET ADDRESS	7827 SE CR 234
CITY-ST-ZIP	GAINESVILLE, FL 32641
TITLE	P <input type="checkbox"/> Delete
NAME	KNOFF, DEBBY C
STREET ADDRESS	2257 NW 31ST AVE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	DUKES, WALTER
STREET ADDRESS	PO BOX 11573
CITY-ST-ZIP	GAINESVILLE, FL 32611
TITLE	T <input type="checkbox"/> Delete
NAME	HAGUEWOOD, BRUCE
STREET ADDRESS	14715 NW 39TH PLACE
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	S <input type="checkbox"/> Delete
NAME	HINNEBUSH, MARK
STREET ADDRESS	1627 NW 12TH ST
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jon Gardner
STREET ADDRESS	2627 NW 43rd St.
CITY-ST-ZIP	Gainesville, FL 32606
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**  **01/22/07** **(352) 378-4663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #