2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State
01-30-2006 90041 037 ****61.25

DOCUMENT # N15996

1. Entity Name
HABITAT FOR HUMANITY OF MARTIN COUNTY, INC.

Principal Place of Business	Mailing Address
183 SW MONTEREY RD STUART, FL 34994 US	183 SW MONTEREY RD STUART, FL 34994 US

01182006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
11900 SE FEDERAL HWY.	11900 SE FEDERAL HWY.
Suite, Apt. #, etc.: Suite 210	Suite, Apt. #, etc.: Suite 210
City & State: Hobe Sound, FL	City & State: Hobe Sound, FL
Zip: 33455 Country: US	Zip: 33455 Country: US

4. FEI Number 59-2816698 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, MARTHA A
183 SW MONTEREY ROAD
STUART, FL 34994

7. Name and Address of New Registered Agent

Name: MARTHA MILLER LEVEILLEE
Street Address (P.O. Box Number is Not Acceptable): 11900 SE Federal Highway
Suite 210
City: Hobe Sound FL Zip Code: 33455

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: Martha Miller Leveillee
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P/D GRAGG, LA BARBARA 2053 SW OLYMPIC CLUB TERRACE PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D WOOD, CURTIS 7527 JAMAICAN COURT HOBE SOUND, FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D GRAGG, LA BARBARA 2053 SW OLYMPIC CLUB TERRACE PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Gragg, La Barbara 2053 SW Olympic Club Terrace Palm City, Fl 34990	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D KILGORE, RICHARD 2498 SW OAK RIDGE ROAD PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Kilgore, Richard 2498 SW Oak Ridge Road Palm City, Fl 34990	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: La Barbara Gragg 1/23/06 772.545-9225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #