


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90044 040 \*\*\*\*61.25

**DOCUMENT # N19679**

1. Entity Name  
**HABITAT FOR HUMANITY OF HILLSBOROUGH COUNTY FLORIDA, INC.**



Principal Place of Business  
 3736 E. HILLSBOROUGH  
 TAMPA, FL 33610 US

Mailing Address  
 3736 E. HILLSBOROUGH  
 TAMPA, FL 33610 US



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01202004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2850410**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FIELDS, ELIZABETH**  
**3736 E. HILLSBOROUGH AVE.**  
**TAMPA, FL 33610**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

Filing Fee is **\$61.25** Due by **May 1, 2004**

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MAXWELL, JAMES	
STREET ADDRESS	4411 WINDING RIVER DRIVE	
CITY-ST-ZIP	VALRICO, FL 333947829	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GIBSON, ROGER	
STREET ADDRESS	1011 HALLWOOD DOG	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WEEKS, JAMES	
STREET ADDRESS	610 BATTON COURT	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goebel, Linda	
STREET ADDRESS	1303 Timberlane Dr E	
CITY-ST-ZIP	Plant City FL 33563	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER GIBSON	
STREET ADDRESS	1016 HALLWOOD LOOP	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	UPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERS, Robert Ann R III	
STREET ADDRESS	11705 BOYETTE RD. # 217	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	PRESIDENT/EXECUTIVE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIZABETH FIELDS	
STREET ADDRESS	3736 E. HILLSBOROUGH AVE	
CITY-ST-ZIP	TAMPA FL 33610	
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 exemption stated in Section 119.07(3)(i), 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: *Elizabeth Fields* **Elizabeth Fields** **ROGER GIBSON** **2/5/04** **813-225-2751**

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

*PRESIDENT/EXEC. DIRECTOR*