



**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

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55049328

<b>DOCUMENT # N19679</b>					
1. Entity Name <b>HABITAT FOR HUMANITY OF HILLSBOROUGH COUNTY FLORIDA, INC.</b>					
Principal Place of Business 504 E PARIS ST TAMPA FL 33604 US		Mailing Address 504 E PARIS ST TAMPA FL 33604 US		 <input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business 3736 E HILLSBOROUGH Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State TAMPA FL		City & State SAME			
Zip 33610	Country HILLSBOROUGH	Zip	Country	4. FEI Number 59-2850410	Applied For Not Applicable
8. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FIELDS, ELIZABETH 504 E PARIS ST TAMPA FL 33604			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
3736 E HILLSBOROUGH AVE TAMPA FL 33610					
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 <u>Elizabeth Fields</u>		EXECUTIVE DIRECTOR		2/26/03	
FILE NOW: FEE IS \$61.25		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	CD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAEDKE, ART		NAME		
STREET ADDRESS	4827 SAN MIGUEL		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, ROGER		NAME		
STREET ADDRESS	1011 HALLWOOD DOG		STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEBBARD, GEORGE		NAME		
STREET ADDRESS	PO BOX 238		STREET ADDRESS		
CITY-ST-ZIP	LITHIA FL 33647		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VICE-PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARREN, JULIE		NAME	JAMES WEEKS	
STREET ADDRESS	4003 S. WESTSHORE BLVD		STREET ADDRESS	610 BATTEN COURT	
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP	TAMPA FL 33602	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SECRETARY / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JAMES MAXWELL	
STREET ADDRESS			STREET ADDRESS	4411 WINDING RIVER DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	VALRICO FL 33394-7829	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Elizabeth Fields</u>		REQUIRED FIELDS		2/26/03 813-239-2242	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E037 (10/02)