

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90046 015 ****61.25

DOCUMENT # N23312 1. Entity Name HABITAT FOR HUMANITY OF EAST POLK COUNTY, INC.					
Principal Place of Business 3550 RECKER HWY WINTER HAVEN, FL 33880 US			Mailing Address 3550 RECKER HWY WINTER HAVEN, FL 33880 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2856392				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARISH, JULIE 3550 RECKER HIGHWAY WINTER HAVEN, FL 33880-1958			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <i>Julie Farish</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%;"> Julie Farish-Executive Director <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%;"> 1-18-08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE	D <input type="checkbox"/> Delete				
NAME	WATSON, SHARON				
STREET ADDRESS	1601 6TH STREET SE				
CITY-ST-ZIP	WINTER HAVEN, FL 33880				
TITLE	TD <input type="checkbox"/> Delete				
NAME	WILSON, TOM				
STREET ADDRESS	166 DARTMOUTH DRIVE				
CITY-ST-ZIP	HAINES CITY, FL 338446242				
TITLE	VD <input type="checkbox"/> Delete				
NAME	HAZELWOOD, HAP				
STREET ADDRESS	PO BOX 2857				
CITY-ST-ZIP	WINTER HAVEN, FL 33883				
TITLE	D <input type="checkbox"/> Delete				
NAME	WISE, WESLEY				
STREET ADDRESS	850 CR 630 WEST				
CITY-ST-ZIP	FROSTPROOF, FL 33843				
TITLE	PD <input checked="" type="checkbox"/> Delete				
NAME	MATISON, ANN JOY				
STREET ADDRESS	65 DUVAL RD SE				
CITY-ST-ZIP	WINTER HAVEN, FL 33884				
TITLE	SD <input checked="" type="checkbox"/> Delete				
NAME	DEBUSSCHERE, MARIE				
STREET ADDRESS	234 COLLEGE GROVE CIR				
CITY-ST-ZIP	WINTER HAVEN, FL 33881				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	V/D <input checked="" 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	P/D <input checked="" 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	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	KEEL, SANDRA				
STREET ADDRESS	2500 21ST NW #72				
CITY-ST-ZIP	WINTER HAVEN, FL 33881				
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	MATISON, MICKEY				
STREET ADDRESS	305 PILOT PLACE				
CITY-ST-ZIP	WINTER HAVEN, FL 33881				
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: <i>Thomas M. Wilson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Thomas M. Wilson					
				1/18/08 <small>Date</small>	
				863-772-7256 <small>Daytime Phone #</small>	

ATTACHMENT
40006462
N23312

	TITLE	NAME	ADDRESS
	D	BAEHR, DON	335 HAVENDALE BLVD
			AUBURNDALE, FL 33823
	D	HAUSY, BEN	206 N LAKE HARTRIDGE
			WINTER HAVEN, FL 33881
	D	LAMMER, JIM	3001 SILVERADO TERRACE
			WINTER HAVEN, FL 33884
	D	MCLENDON, CAROLYN	1290 S. LAKE MIRROR DR NW
			WINTER HAVEN, FL 33881
	D	NEGLEY, STEVE	901 OLEANDER DRIVE SE
			WINTER HAVEN, FL 33880
	D	RAYMOND, GREG	2748 SEQUOYAH DR
			HAINES CITY, FL 33844
	D	TAYLOR, BILL	P.O. BOX 141
			EAGLE LAKE, FL 33839