

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23312

FILED
Jan 15, 2009
Secretary of State

Entity Name: HABITAT FOR HUMANITY OF EAST POLK COUNTY, INC.

Current Principal Place of Business:

3550 RECKER HWY
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

3550 RECKER HWY
WINTER HAVEN, FL 33880 US

New Mailing Address:

FEI Number: 59-2856392 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FARISH, JULIE
3550 RECKER HIGHWAY
WINTER HAVEN, FL 338801958 US

Name and Address of New Registered Agent:

FARISH, JULIE A ED
3550 RECKER HIGHWAY
WINTER HAVEN, FL 338801958 US

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.

SIGNATURE: JULIE A FARISH

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WATSON, SHARON
Address: 1601 6TH STREET SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD () Delete
Name: WILSON, TOM
Address: 166 DARTMOUTH DRIVE
City-St-Zip: HAINES CITY, FL 338446242

Title: PD () Delete
Name: HAZELWOOD, HAP
Address: PO BOX 2857
City-St-Zip: WINTER HAVEN, FL 33883

Title: D () Delete
Name: WISE, WESLEY
Address: 850 CR 630 WEST
City-St-Zip: FROSTPROOF, FL 33843

Title: SD () Delete
Name: REEL, SANDRA
Address: 2500 21ST NW 72
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: MATISON, MICKEY
Address: 305 PILOT PL
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WATSON, SHARON
Address: 1601 6TH STREET SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PP (X) Change () Addition
Name: HAZELWOOD, HAP
Address: PO BOX 2857
City-St-Zip: WINTER HAVEN, FL 33883

Title: D (X) Change () Addition
Name: WISE, WESLEY
Address: 15 C STREET
City-St-Zip: FROSTPROOF, FL 33843

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MATISON, MICKEY
Address: 305 PILOT PL
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE A FARISH

ED

01/15/2009

Electronic Signature of Signing Officer or Director

Date