## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N23312

FILED Feb 17, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3550 RECKER HWY

WINTER HAVEN, FL 33880 US

Current Mailing Address: New Mailing Address:

3550 RECKER HWY

WINTER HAVEN, FL 33880 US

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

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: VD

 Name:
 WATSON, SHARON

 Address:
 1601 6TH STREET SE

 City-St-Zip:
 WINTER HAVEN, FL 33880

Title: TD

 Name:
 WILSON, TOM

 Address:
 166 DARTMOUTH DRIVE

 City-St-Zip:
 HAINES CITY, FL 338446242

Title: PD

Name: RAYMOND, GREG
Address: 2748 SEQUOYAH DR.
City-St-Zip: HAINES CITY, FL 33844

Title:

Name: WISE, WESLEY Address: 15 C STREET

City-St-Zip: FROSTPROOF, FL 33843

Title: SD

 Name:
 REEL, SANDRA

 Address:
 2500 21ST NW 72

 City-St-Zip:
 WINTER HAVEN, FL 33881

Title: [

Name: MATISON, MICKEY Address: 305 PILOT PL

City-St-Zip: WINTER HAVEN, FL 33881

I hereby 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 all other like empowered.

SIGNATURE: JULIE A FARISH ED 02/17/2010