

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-02-2006 90428 021 ****61.25

DOCUMENT # N25049					
1. Entity Name JACKSON COUNTY HABITAT FOR HUMANITY, INC.					
Principal Place of Business 4462 CLINTON ST MARIANNA, FL 32448			Mailing Address P.O. BOX 6114 MARIANNA, FL 32447		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03302006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2900901				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRISSON, RALPH W 2993 RUSS ROAD MARIANNA, FL 32446			7. Name and Address of New Registered Agent Name <u>Philip Rhodes</u> Street Address (P.O. Box Number is Not Acceptable) <u>5963 Neals Landing Rd</u> City <u>Bascorn</u> FL Zip Code <u>32423</u>		
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>H. Philip Rhodes</u> <u>H. Philip Rhodes</u> <u>17 May 06</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$81.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE S NAME MERRITT, NORMA STREET ADDRESS 2669 HWY 73 SOUTH CITY-STATE-ZIP MARIANNA, FL 32448	☐ Delete		TITLE VP NAME Isaiah Morgan STREET ADDRESS 2032 Hwy 73 S CITY-STATE-ZIP MARIANNA, FL 32448	☒ Change ☐ Addition	
TITLE VP NAME MORGAN, ISIAH STREET ADDRESS 2032 HWY 73 SOUTH CITY-STATE-ZIP MARIANNA, FL 32448	☐ Delete		TITLE VP NAME Tanet Hams STREET ADDRESS PO Box 608 CITY-STATE-ZIP MARIANNA, FL 32447	☐ Change ☒ Addition	
TITLE VP NAME STANTON, BILL STREET ADDRESS 4914 DOGWOOD DRIVE CITY-STATE-ZIP MARIANNA, FL 32446	☐ Delete		TITLE PP NAME Leo Sims STREET ADDRESS 3758 Sylvania Plantation CITY-STATE-ZIP Greenwood, FL 32443	☒ Change ☐ Addition	
TITLE P NAME SIMS, LEO STREET ADDRESS 3758 SYLVANIA PLANTATION RD. CITY-STATE-ZIP GREENWOOD, FL 32443	☐ Delete		TITLE T NAME Leroy Wilson STREET ADDRESS 3751 Old US Rd CITY-STATE-ZIP MARIANNA, FL 32446	☐ Change ☒ Addition	
TITLE D NAME CLARK, BRANTLEY JR STREET ADDRESS 4750 SHEFFIELD DR. CITY-STATE-ZIP MARIANNA, FL 32446	☒ Delete		TITLE P NAME Bill Stanton STREET ADDRESS 4914 Dogwood Dr. CITY-STATE-ZIP MARIANNA, FL 32446	☒ Change ☐ Addition	
TITLE T NAME HARRISON, RALPH STREET ADDRESS 2993 RUSS ROAD CITY-STATE-ZIP MARIANNA, FL 32446	☒ Delete		TITLE EXECUTIVE DIRECTOR NAME H. PHILIP RHODES STREET ADDRESS 5963 NEALS LANDING RD. CITY-STATE-ZIP BASCORN FL 32423	☐ Change ☒ Addition	
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: <u>H. Philip Rhodes</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>6/12/06</u> Date Daytime Phone #		