

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90001 016 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**RHODES, PHILIP
5963 NEALS LANDING RD
BASCOM, FL 32423**

Name **DAVID H. MELVIN**
Street Address (P.O. Box Number is Not Acceptable)
4646 OAKS DRIVE

City **MARIANNA** FL Zip Code **32446**

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

DAVID H. MELVIN, President 2-26-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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** ☐ Delete
NAME **MERRITT, NORMA**
STREET ADDRESS **2669 HWY 73 SOUTH**
CITY-ST-ZIP **MARIANNA, FL 32448**

TITLE **P** ☒ Change ☐ Addition
NAME **DAVID H. MELVIN**
STREET ADDRESS **4646 OAKS DRIVE**
CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE **VP** ☐ Delete
NAME **MORGAN, ISAH**
STREET ADDRESS **2032 HWY 73 SOUTH**
CITY-ST-ZIP **MARIANNA, FL 32448**

TITLE **VP** ☐ Change ☒ Addition
NAME **JANET HARNIS**
STREET ADDRESS **P.O. BOX 608**
CITY-ST-ZIP **MARIANNA, FL 32447**

TITLE **P** ☒ Delete
NAME **STANTON, BILL**
STREET ADDRESS **4914 DOGWOOD DRIVE**
CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE **T** ☐ Change ☒ Addition
NAME **SEAN DONOFRIO**
STREET ADDRESS **2950 MADISON ST.**
CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE **P** ☒ Delete
NAME **SIMS, LEO**
STREET ADDRESS **3758 SYLVANIA PLANTION RD.**
CITY-ST-ZIP **GREENWOOD, FL 32443**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

DAVID H. MELVIN 2-26-08 850-482-3045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #