2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N25049

Entity Name: JACKSON COUNTY HABITAT FOR HUMANITY, INC.

Current Principal Place of Business:

4462 CLINTON ST
MARIANNA, FL 32448

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6114
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 59-2900901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELVIN, DAVID H
4646 OAKS DR
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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: P ( ) Delete
Name: MELVIN, DAVID H
Address: 4646 OAKS DR
City-St-Zip: MARIANNA, FL 32446

Title: VP ( ) Delete
Name: MORGAN, ISIAH
Address: 2032 HWY 73 SOUTH
City-St-Zip: MARIANNA, FL 32448

Title: VP ( ) Delete
Name: HARNS, JANET
Address: POB 608
City-St-Zip: MARIANNA, FL 32447

Title: T ( ) Delete
Name: DONOFRO, SEAN
Address: 2950 MADISON ST
City-St-Zip: MARIANNA, FL 32446

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: MORGAN, ISAIAH
Address: 2032 HWY 73 SOUTH
City-St-Zip: MARIANNA, FL 32448

Title: S (X) Change ( ) Addition
Name: HARNS, JANET
Address: POB 608
City-St-Zip: MARIANNA, FL 32447

Title: T (X) Change ( ) Addition
Name: KENDALL, JACKIE
Address: 2845 DAVEY STREET
City-St-Zip: MARIANNA, FL 32448

Title: VP ( ) Change (X) Addition
Name: STUART, WIGGINS
Address: 4656 OAKS DRIVE
City-St-Zip: MARIANNA, FL 32446

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: DAVID MELVIN P 04/14/2009

Electronic Signature of Signing Officer or Director — Date