

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25049

FILED
Mar 17, 2011
Secretary of State

Entity Name: JACKSON COUNTY HABITAT FOR HUMANITY, INC.

Current Principal Place of Business:

4462 CLINTON ST
MARIANNA, FL 32448

New Principal Place of Business:

4462 CLINTON ST
MARIANNA, FL 32446

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:

WIGGINS, STUART
4656 OAKS DRIVE
MARIANNA, FL 32446 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: STUART WIGGINS

03/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WIGGINS, STUART
Address: 4656 OAKS DR
City-St-Zip: MARIANNA, FL 32446

Title: VP
Name: ANDERSON, ERIC
Address: 679 CARVER CR
City-St-Zip: ALFORD, FL 32420

Title: S
Name: BROWN, JANICE
Address: 2411 HWY 73
City-St-Zip: MARIANNA, FL 32448

Title: T
Name: HUSTED, LINDA
Address: PO BOX 842
City-St-Zip: MARIANNA, FL 32447

Title: VP
Name: MORGAN, ISAIAH
Address: 2032 HWY 73
City-St-Zip: MARIANNA, FL 32448

Title: ED
Name: FUQUA, LESLIE
Address: PO BOX 634
City-St-Zip: PANAMA CITY, FL 32402

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: LESLIE FUQUA

ED

03/17/2011

Electronic Signature of Signing Officer or Director

Date