2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N25616

Entity Name: HABITAT FOR HUMANITY OF JACKSONVILLE, INC.

Current Principal Place of Business:

2404 HUBBARD STREET
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

2404 HUBBARD STREET
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: 59-2880071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'ROURKE, MARY KAY
2404 HUBBARD STREET
JACKSONVILLE, FL 32206 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: C ( ) Delete
Name: GIBSON, JOHN
Address: 4431 HARBOUR ISLAND DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: MD ( ) Delete
Name: O'ROURKE, MARY KAY
Address: 2404 HUBBARD ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: T ( ) Delete
Name: STRICKLAND, DAVID
Address: 8100 NATIONS WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD ( ) Delete
Name: WEHNER, TOM
Address: 2404 HUBBARD ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: C ( ) Delete
Name: ANDREWS, BRUCE W
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GIBSON, JOHN
Address: 4431 HARBOUR ISLAND DR
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: TR (X) Change ( ) Addition
Name: STRICKLAND, DAVID
Address: 8100 NATIONS WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change ( ) Addition
Name: WEHNER, TOM
Address: 2404 HUBBARD ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: MD (X) Change ( ) Addition
Name: SOUTHWELL, MARTHA J
Address: 11114 ZEPHYR WAY
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY KAY O'ROURKE P 04/27/2006

Electronic Signature of Signing Officer or Director — Date