2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25822

FILED Feb 04, 2008 Secretary of State

Entity Name: WEST VOLUSIA HABITAT FOR HUMANITY, INC.

Current Principal Place of Business: New Principal Place of Business:

604 S. SPRING GARDEN AVE. DELAND, FL 32720

Current Mailing Address: New Mailing Address:

P.O. BOX 3173 604 S. SPRING GARDEN AVE. DELAND, FL 32721 DELAND, FL 32720

FEI Number: 59-2894153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VAUGHEN, DANIEL R 1485 PERIWINKLE AVE DELAND, FL 32724 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:

City-St-Zip:

Electronic Signature of Registered Agent Date

City-St-Zip:

OFFICERS AND DIRECTORS:

DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DELAND, FL 32720

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 HOLLER, MARTHA
 Name:
 FARRELL, THOMAS

 Address:
 2121 HONTOON RD
 Address:
 710 PINE TREE COURT

Address: 2121 HONTOON RD Address: 710 PINE TREE COURT
City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32724

 Title:
 VD
 () Delete
 Title:
 VD
 (X) Change () Addition

 Name:
 FARRELL, TOM
 Name:
 NORDMAN, MICHAEL

 Address:
 710 PINE TREE CT
 Address:
 800 W. VOORHIS AVE

Title: TD () Delete Title: () Change () Addition

 Title:
 TD
 () Delete
 Title:

 Name:
 HIGGINBOTHAM, SANDRA
 Name:

 Address:
 2470 GAY LORD DR
 Address:

 City-St-Zip:
 DELAND, FL 32724
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 MCDONNELL, LINDA
 Name:
 BAUGH, BOBBI

 Address:
 300 SUNFLOWER CIR
 Address:
 812 W. RICH AVE

 City-St-Zip:
 DELAND, FL 32724
 City-St-Zip:
 DELAND, FL 32720

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: PETER L. DEVOS ED 02/04/2008