

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N33127 (4)**

1. Corporation Name  
**HABITAT FOR HUMANITY OF LAKE COUNTY, FLORIDA, INC.**



Principal Place of Business Mailing Address  
**% WANDA KOHN  
200 NORTH LONE OAK DRIVE  
LEESBURG FL 34748**

3. Date Incorporated or Qualified **07/03/1989** 3a. Date of Last Report **03/13/1995**

2. Principal Place of Business 2a. Mailing Address  
**21 200 North Lone Oak Drive 26 same**  
Suite, Apt. #, etc. 27  
City & State 28  
**23 Leesburg, FL same**  
Zip Country 29  
**24 34748 Lake same 30 same**

4. FEI Number **59-2958036** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**KOHN, WANDA  
04317 EMMAUS RD  
FRUITLAND PARK FL 34731**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<del>VD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PATTERSON, NANCY L</b>	
STREET ADDRESS	<b>1206 LA PALOMA PLACE</b>	
CITY-ST-ZIP	<b>LADY LAKE FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>MILLER, RICH</del>	
STREET ADDRESS	<del>35011 LAKE UNITY NURSERY RD.</del>	
CITY-ST-ZIP	<del>FRUITLAND PARK FL 34731</del>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>DIXSON, BRUCE</del>	
STREET ADDRESS	<del>2200 JOBBINS DR.</del>	
CITY-ST-ZIP	<del>LEESBURG FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Patterson, Nancy L</b>	
1.3 STREET ADDRESS	<b>1206 La Paloma Place</b>	
1.4 CITY-ST-ZIP	<b>Lady Lake, FL 32159</b>	
2.1 TITLE	<b>VPS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>McNinch, Margaret</b>	
2.3 STREET ADDRESS	<b>717 Truman Avenue</b>	
2.4 CITY-ST-ZIP	<b>Lady Lake, FL 32159</b>	
3.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Briggs, James</b>	
3.3 STREET ADDRESS	<b>6855 Green Swamp Road</b>	
3.4 CITY-ST-ZIP	<b>Clermont, FL 34711</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Gey, Brenda</b>	
4.3 STREET ADDRESS	<b>15211 Vinola Place</b>	
4.4 CITY-ST-ZIP	<b>Montverde, FL 34756</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>8000017310978</b>	
5.4 CITY-ST-ZIP	<b>-03/04/96--01082--022</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	<b>***61.25</b>	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy Patterson Date: 1-19-96 Daytime Phone #: 352-750-0142

CR2E037 (12/95)

*Handwritten initials and numbers*