

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33127 (4)
1. Corporation Name
HABITAT FOR HUMANITY OF LAKE COUNTY, FLORIDA, INC.



Principal Place of Business % WANDA KOHN 200 NORTH LONE OAK DRIVE LEESBURG FL 34748	Mailing Address % WANDA KOHN 200 NORTH LONE OAK DRIVE LEESBURG FL 34748-4715
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3. Date Incorporated or Qualified 07/03/1989	3a. Date of Last Report 03/03/1996
4. FEI Number 59-2958036	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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 Margaret McInich
82. Street Address (P.O. Box Number is Not Acceptable) 717 Truman Avenue
83. City Lady Lake, FL 32159
84. City Lady Lake
85. Zip Code FL 32159

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 *Margaret McInich* *Executive Director* *4/1/97*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, NANCY L	
STREET ADDRESS	1208 LA PALONA PLACE	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MCNINCH, MARGARET	
STREET ADDRESS	717 TRUMAN AVENUE	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRIGGS, JAMES	
STREET ADDRESS	8855 GREEN SWAMP ROAD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GEY, BRENDA	
STREET ADDRESS	15211 VINOLA PLACE	
CITY-ST-ZIP	MONTVERDE FL 34756	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gey, Brenda	
1.3 STREET ADDRESS	15211 Vinola Place	
1.4 CITY-ST-ZIP	Montverde, FL 34756	
2.1 TITLE	Andrews, Liz VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	18 E. Bay Avenue	
2.3 STREET ADDRESS	Yalaha, FL 34795	
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Haub, John	
3.3 STREET ADDRESS	305 Guanez Way	
3.4 CITY-ST-ZIP	Lady Lake, FL 32159	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Munch, Dot	
4.3 STREET ADDRESS	405 W. Minnon Lake Drive	
4.4 CITY-ST-ZIP	Fruitland Park, FL 34731	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Brenda G. Gey* *Pres.* *4/11/97* *352 728-5655*

CR2E037 (9/96)