

FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 07/03/1989	Applied For Not Applicable
4. FEI Number 59-2958036	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MCNICH, MARGARET
717 TRUMAN AVENUE
LADY LAKE FL 32159**

10. Name and Address of New Registered Agent
81 Name *same*
82 Street Address (P.O. Box Number is Not Acceptable)
300 North Old Wine Road
83
84 City *Wildwood* FL 85 Zip Code *34785*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	GEY, BRENDA	
STREET ADDRESS	15211 VINOLA PLACE	
CITY-ST-ZIP	MONTVERDE FL	
TITLE	VPD	<input type="checkbox"/>
NAME	MCNICH, MARGARET	
STREET ADDRESS	717 TRUMAN AVENUE	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	BRIGGS, JAMES	
STREET ADDRESS	6855 GREEN SWAMP ROAD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	GEY, BRENDA	
STREET ADDRESS	15211 VINOLA PLACE	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	VPD	<input type="checkbox"/>
NAME	ANDREWS, LIZ	
STREET ADDRESS	18 E BAY AVENUE	
CITY-ST-ZIP	YALAHA FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	HAUB, JOHN	
STREET ADDRESS	305 JUAREZ WAY	
CITY-ST-ZIP	LADY LAKE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<i>M</i>		
2.3 STREET ADDRESS	<i>300 N. Old Wine Road</i>		
2.4 CITY-ST-ZIP	<i>Wildwood, FL 34785</i>		
3.1 TITLE	<i>VPD</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<i>Tyner, James</i>		
3.3 STREET ADDRESS	<i>608 S. Main Avenue #19</i>		
3.4 CITY-ST-ZIP	<i>Clermont, FL 34711</i>		
4.1 TITLE	<i>TD</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<i>Bhatia, Alpa</i>		
4.3 STREET ADDRESS	<i>404 Clusterwood Drive</i>		
4.4 CITY-ST-ZIP	<i>Yalaha, FL 34797</i>		
5.1 TITLE	<i>PD</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<i>PD</i>		
5.3 STREET ADDRESS	<i>Yalaha, FL 34797</i>		
5.4 CITY-ST-ZIP	<i>Yalaha, FL 34797</i>		
6.1 TITLE	<i>SD</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	<i>Munch, Dot</i>		
6.3 STREET ADDRESS	<i>405 W. Minnon Lake Drive</i>		
6.4 CITY-ST-ZIP	<i>Fruitland Park, FL 34731</i>		

14. I 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: *Margaret McNich, Executive Director 3-2-98*

CR2E037 (1097)