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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90060 028 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33127

1. Corporation Name
HABITAT FOR HUMANITY OF LAKE COUNTY, FLORIDA, IN C.

9 4 4 7 8
 94470 - 90060 - 28

Principal Place of Business 200 NORTH LONE OAK DR LEESBURG FL 34748 US	Mailing Address 200 N LONE OAK DR LEESBURG FL 34748 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/03/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2958036
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

MCNICH, MARGARET
 300 N OLD WIRE RD
 WILDWOOD FL 34785

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYNER, JAMES	1.2 NAME	Corbin, Ivan
STREET ADDRESS	608 S MAIN AVE #19	1.3 STREET ADDRESS	201 College Avenue
CITY-ST-ZIP	CLERMONT FL 34711	1.4 CITY-ST-ZIP	Fruitland Park, FL 34731
TITLE	M <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNINCH, MARGARET	2.2 NAME	
STREET ADDRESS	300 N OLD WIRE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD FL 34785	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BHATIA, ALPA	3.2 NAME	Poling, Brian
STREET ADDRESS	404 CLUSTERWOOD DR	3.3 STREET ADDRESS	9009 Heathland Court
CITY-ST-ZIP	YALAHA FL 34797	3.4 CITY-ST-ZIP	Mount Dora, FL 32757
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURCH, DOT	4.2 NAME	Edwards, Marian B.
STREET ADDRESS	405 W MIRROR LAKE DR	4.3 STREET ADDRESS	318 Nebraska avenue
CITY-ST-ZIP	FRUITLAND PARK FL 34731	4.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, LIZ	5.2 NAME	
STREET ADDRESS	18 E BAY AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	YALAHA FL 34797	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Margaret McWinch* SIGNATURE REQUIRED Margaret McWinch Executive Director 1-12-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)