1/25/00-90025-014-$61.25-$61.25

)R)

DOCUMENT # N37827

FILED

00 MAR -1 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

905787

DO NOT WRITE IN THIS SPACE

1. Entity Name

WEST PASCO HABITAT FOR HUMANITY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 334 NEW PT. RICHEY FL 34656-0334 US	P.O. BOX 334 NEW PT. RICHEY FL 34656-0334

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3000450 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COUTURE, ALBERT B. 4346 OTTER WAY NEW PORT RICHEY FL 34653	Name: BOB PAUSE Street Address (P.O. Box Number is Not Acceptable): 7975 KNOX LOOP City: NEW PORT RICHEY FL Zip Code: 34655

8. 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: [signature] JAN 8, 2000

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COUTURE, ALBERT B. 4346 OTTER WAY NEW PORT RICHEY FL 34653	☑ Delete	S CYNTHIA MCPHERON 6810 RUNNEL DR NEW PORT RICHEY FL 34656	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD YADEN, JANE 9230 SUNSHINE BLVD. NEW PT. RICHEY FL 34654	☑ Delete	D CHUCK KALOGIANIS 4752 CRESTKNOLL LN NEW PORT RICHEY FL 34653	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LUSBY, PARTICIA 8743 WALOASH LANE NEW PT. RICHEY FL	☑ Delete	D BETTIE FARMERIE 6034 MISSOURI AVE NEW PORT RICHEY FL 34655	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOB PAUSE 7975 KNOX LOOP NEW PORT RICHEY FL 34655	☐ Delete	D SUSAN ANDREWS 6641-2 MADISON ST NEW PORT RICHEY FL 34655	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ALBERT B COUTURE 4346 OTTER WAY NEW PORT RICHEY FL 34653	☐ Delete	D BOB SARLSTAD 4522 SPRINGMEADOW DR NEW PORT RICHEY FL 34655	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DR. MALCOM FOSTER 6641-2 MADISON ST NEW PORT RICHEY FL 34655	☐ Delete	D MIDGE LONDON-PRACE 4745 FLORAMAR TER NEW PORT RICHEY FL 34652	☐ Change	☑ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JAN 8, 2000 (813) 935-8405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE