2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2005 8:00 am Secretary of State

01-19-2005 90004 044 ****70 00

DOCUMENT # N37827 1. Entity Name WEST PASCO HABITAT FOR HUMANITY, INC.				01-19-2005 90004 044 ****/	70.00	
Principal Place of Business Mailing Address P.O. BOX 334 P.O. BOX 334 P.O. BOX 334 NEW PT. RICHEY, FL 34656-0334 US NEW PT. RICHEY, FL 346			656-0334	50003524		
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2. Principal Place of Business 3. N		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132005 Chg-NP CR2E037 (10/03)		
City & State		City & State		1 50 0000450	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Ad Fee Require	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
COLITIBE ALBERT			Name	Name		
COUTURE, ALBERT 4346 OTTER WAY NEW PORT RICHEY, FL 34653			Street Address (P.O. Box Number is Not Acceptable)			
			City	FL Zip Coc	ie	
	named entity submits this statement fo ions of registered agent.	the purpose of changing its r	registered office or register	ered agent, or both, in the State of Florida. I am familiar with	, and accept	
_		•		•		
SIGNATURE						
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requir	rd when reinstating) DATE		
SIGNATURE -	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	- 	paign Financing	\$5.00 May Be Added to Fees Florida Department of S		
SIGNATURE _	Filing Fee is \$61.25	9. Election Cam Trust Fund C	paign Financing	\$5.00 May Be Make check payable	State	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE	9. Election Cam Trust Fund C	paign Financing ontribution.	\$5.00 May Be Added to Fees Make check payable Florida Department of S	State	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

114/05: (727) 861-187