2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90355 010 ****61.25

DOCUMENT # N37827

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

03052008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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 4346 OTTER WAY NEW PORT RICHEY, FL 34653	Name HERZOG, JEFF Street Address (P.O. Box Number is Not Acceptable) 3110 ALT. HWY 19 SUITE B City PALM HARBOR FL Zip Code 34683

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jeffrey H Herzog, President 4/23/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCPHERON, CYNTHIA 6810 RUNNEL DR. NEW PORT RICHEY, FL 34656	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SMITH, ALLEN 13250 LEGENDS TRAIL DADE CITY FL 33525	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP YACHT, MARC 18137 BRANCH RD HUDSON, FL 34667	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT GRAVES, ROGER 3004 BRADFORD CIRCLE PALM HARBOR FL 34685	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COUTURE, ALBERT B 4346 OTTER WAY NEW PORT RICHEY, FL 34653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT HERZOG, JEFF 3110 ALT. HWY 19 SUITE B PALM HARBOR FL 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FOSTER, MALCOLM 10130 US 19 NORTH PORT RICHEY, FL 34668	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER DOWNEY, JAMES 19802 WYNDMILL DRIVE ODESSA FL 33556	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, KIM 5113 FITCHBURG DR HOLIDAY, FL 34650	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE DIRECTOR GEORGE J. McCOY 16026 TREE LINE DRIVE HUDSON FL 34667	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, JOE 4751 ADDAX DR NEW PORT RICHEY, FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 4-23-08.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #