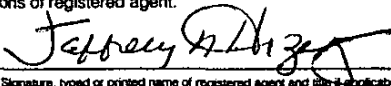
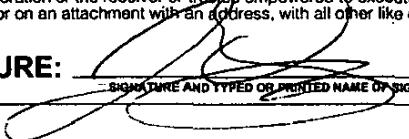


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 P.O. BOX 334 NEW PT. RICHEY, FL 34656-0334 US				Mailing Address P.O. BOX 334 NEW PT. RICHEY, FL 34656-0334	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03052008 Chg-NP CR2E037 (12/06)	
City & State Zip Country		City & State 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 COUTURE, ALBERT 4346 OTTER WAY NEW PORT RICHEY, FL 34653	
7. Name and Address of New Registered Agent Name HERNOLD, JEFF Street Address (P.O. Box Number is Not Acceptable) 3110 ART. 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  , President DATE 4/23/08 Signature, typed or printed name of registered agent and fee-if applicable. (NOTE: Registered Agent signature required when reinstating)	
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 HERNOLD, JEFF 3110 ART. 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 DOONEY, JAMES 19802 WYNOMILL DRIVE ODDESSA 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. MCLOY 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: 			Date 4-23-08 Daytime Phone #		