2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007
Secretary of State

DOCUMENT# N39351

Entity Name: HIGHLANDS COUNTY HABITAT FOR HUMANITY, INC.

Current Principal Place of Business:

825 W MAIN ST
STE 200
AVON PARK, FL 338253632 US

New Principal Place of Business:

159 S COMMERCE AVE
SEBRING, FL 338703602 US

Current Mailing Address:

825 W MAIN ST
STE 200
AVON PARK, FL 338253632 US

New Mailing Address:

159 S COMMERCE AVE
SEBRING, FL 338703602 US

FEI Number: 59-3023727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BREED, E MARK III
325 N COMMERCE AVE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: FITCH, MIKE
Address: 611 US 27 N
City-St-Zip: SEBRING, FL 33870

Title: PD ( ) Delete
Name: BLACKMAN, TIM
Address: P O BOX 1824
City-St-Zip: SEBRING, FL 33871

Title: SD ( ) Delete
Name: HEACOCK, LYNN
Address: 7 W THOMAS ST
City-St-Zip: AVON PARK, FL 33825

Title: VD ( ) Delete
Name: REED, TRACY
Address: 2741 SANDY LOAM CT
City-St-Zip: SEBRING, FL 33875

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: ALBRITTON, DIANA
Address: 1201 EDGEWATER POINT DR
City-St-Zip: SEBRING, FL 33870

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE BREYLINGER ED 05/14/2007
Electronic Signature of Signing Officer or Director — Date