

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39351

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** HIGHLANDS COUNTY HABITAT FOR HUMANITY, INC.

**Current Principal Place of Business:**

159 S COMMERCE AVE  
SEBRING, FL 338703602 US

**New Principal Place of Business:**

**Current Mailing Address:**

159 S COMMERCE AVE  
SEBRING, FL 338703602 US

**New Mailing Address:**

**FEI Number:** 59-3023727

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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: ALBRITTON, DIANA  
Address: 1201 EDGEWATER POINT DR  
City-St-Zip: SEBRING, FL 33870

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: VP (X) Change ( ) Addition  
Name: KEIBER, FRED DR.  
Address: 2841 LAKEVIEW DR.  
City-St-Zip: SEBRING, FL 33870

Title: VP ( ) Change (X) Addition  
Name: BORING, CHIP  
Address: 809 US 27 S  
City-St-Zip: SEBRING, FL 33870

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

01/07/2008

Electronic Signature of Signing Officer or Director

Date