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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39488

1. Corporation Name

**HABITAT FOR HUMANITY OF SUMTER COUNTY, FLORIDA,
INC.**

Principal Place of Business

P.O. BOX 445
COLEMAN FL 33521

Mailing Address

P.O. BOX 303
LADY LAKE FL 32158
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

08/13/1990

4. FEI Number

59-3025224

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**CORDELLA, FAYE RICE
4114-C EAST HWY 468
WILDWOOD FL 34785**

10. Name and Address of New Registered Agent

81 Name

Alberta Bugbee

82 Street Address (P.O. Box Number is Not Acceptable)

83 **803 Carol St.**

84 City

Wildwood

FL

85 Zip Code
34785

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **CORDELLA, FAYE RICE**
STREET ADDRESS **4114 C EAST HWY 468**
CITY-ST-ZIP **WILDWOOD FL**

TITLE **VD** ☒ DELETE
NAME **CHRISTENSON, CHRIS**
STREET ADDRESS **51 N BOBWHITE RD**
CITY-ST-ZIP **WILDWOOD FL**

TITLE **SD** ☒ DELETE
NAME **RODGERS, MARILYN**
STREET ADDRESS **3646 CR 330**
CITY-ST-ZIP **WILDWOOD FL**

TITLE **TD** ☒ DELETE
NAME **CARROLL, JUDY**
STREET ADDRESS **PO BOX 303 NA**
CITY-ST-ZIP **LADY LAKE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Bugbee, Alberta**
1.3 STREET ADDRESS **803 Carol St.**
1.4 CITY-ST-ZIP **Wildwood, FL 34785**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Bugbee, R. Raymond**
2.3 STREET ADDRESS **803 Carol St.**
2.4 CITY-ST-ZIP **Wildwood, FL 34785**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **Risteyn, Frank, Sr.**
3.3 STREET ADDRESS **4764 2/Rd 151, Lot #13**
3.4 CITY-ST-ZIP **Wildwood, FL 34785**

4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **Swiger, Howard L.**
4.3 STREET ADDRESS **3 Lady Hollow**
4.4 CITY-ST-ZIP **Wildwood, FL 34785**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

352-330-0881

Daytime Phone #

CR2E037 (1/98)