

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N39488

FILED
Jan 21, 2002 8:00 AM
Secretary of State

Entity Name: HABITAT FOR HUMANITY OF SUMTER COUNTY, FLORIDA, INC.

Current Principal Place of Business:

6761 CR 149
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

PO BOX 445
WILDWOOD, FL 34785 US

New Mailing Address:

FEI Number: 59-3025224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUGBEE, ALBERTA
803 CAROL ST.
WILDWOOD, FL 34785

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: EX. () Delete
Name: BUGBEE, ALBERTA
Address: 803 CAROL ST.
City-St-Zip: WILDWOOD, FL 34785

Title: PD () Delete
Name: DAVIS, WM. T
Address: 447 EMORY LANE
City-St-Zip: CENTER HILL, FL 33514

Title: VD () Delete
Name: KIRKLAND, EARLENE
Address: P.O. BX 1064
City-St-Zip: WILDWOOD, FL 34785

Title: SD () Delete
Name: VAUGHN, BECKY
Address: 3155 WC 48
City-St-Zip: WILDWOOD, FL 34785

Title: TD () Delete
Name: MACDONALD, AMY
Address: 7360 EC 48
City-St-Zip: CENTER HILL, FL 33514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: SEGREST, BECKY
Address: 3155 WC 48
City-St-Zip: BUSHNELL, FL 33513

Title: SD (X) Change () Addition
Name: SWABY, MABEL
Address: 7366 EC 48
City-St-Zip: CENTER HILL, FL 33514

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WM. T. DAVIS

PD

01/21/2002

Electronic Signature of Signing Officer or Director

Date