

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N39488**

1. Entity Name

HABITAT FOR HUMANITY OF SUMTER COUNTY,  
FLORIDA, INC.



Principal Place of Business

6761 CR 149  
WILDWOOD FL 34785

Mailing Address

PO BOX 445  
WILDWOOD FL 34785  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3025224

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARKINS, LAVON  
1386 HWY. 301-SOUTH  
WILDWOOD FL 34785

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE **EX.** ☐ Delete  
NAME HARKINS, LAVON  
STREET ADDRESS 1386 HWY. 301-SOUTH  
CITY-ST-ZIP WILDWOOD FL 34785

TITLE **PD** ☐ Delete  
NAME GOODWIN, HENRY M  
STREET ADDRESS PO BOX 1220  
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

TITLE **SD** ☐ Delete  
NAME SEGREST, BECKY  
STREET ADDRESS 3155 WC 48  
CITY-ST-ZIP BUSHNELL FL 33513

TITLE **VD** ☐ Delete  
NAME CORONADO, FREDDIE  
STREET ADDRESS PO BOX 371  
CITY-ST-ZIP CENTER HILL FL 33514

TITLE **TD** ☐ Delete  
NAME MORRIS, JAMES  
STREET ADDRESS PO BOX 668  
CITY-ST-ZIP BROOKSVILLE FL 34605

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
U000000059122  
02/20/04-80068-016 70.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 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:

*Lavon Harkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/04 352-330-0881  
Date Day/Time Phone #