


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90090 011 ****70.00

DOCUMENT # N39488	
1. Entity Name	
HABITAT FOR HUMANITY OF SUMTER COUNTY, FLORIDA, INC.	

Principal Place of Business	Mailing Address
6761 CR 149 WILDWOOD FL 34785	PO BOX 445 WILDWOOD FL 34785 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number	Applied For
59-3025224	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	EX. <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKINS, LAVON	NAME	
STREET ADDRESS	1386 HWY. 301-SOUTH	STREET ADDRESS	
CITY-ST-ZIP	WILDWOOD FL 34785	CITY-ST-ZIP	Sumterville FL 33585
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, HENRY M	NAME	
STREET ADDRESS	PO BOX 1220	STREET ADDRESS	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEGREST, BECKY	NAME	Gloria Murphy
STREET ADDRESS	3155 WC 48	STREET ADDRESS	712 Stanley Ave
CITY-ST-ZIP	BUSHNELL FL 33513	CITY-ST-ZIP	Wildwood FL 34785
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORONADO, FREDDIE	NAME	DALE Bruner
STREET ADDRESS	PO BOX 371	STREET ADDRESS	5922 E. CR 470
CITY-ST-ZIP	CENTER HILL FL 33514	CITY-ST-ZIP	Sumterville FL 33585
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, JAMES	NAME	AVON Hambrick
STREET ADDRESS	PO BOX 668	STREET ADDRESS	P.O. Box 444
CITY-ST-ZIP	BROOKSVILLE FL 34605	CITY-ST-ZIP	Wildwood FL 34785
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 **LAVON HARKINS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/05 **352-330-0881**
Date Daytime Phone #