

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41606 (7)

1. Corporation Name

GADSDEN COUNTY HABITAT FOR HUMANITY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1358
QUINCY FL 32351
US

P.O. BOX 1358
QUINCY FL 32351
US



3. Date Incorporated or Qualified

01/10/1991

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANT, HENRY G
STATE RD 379A, GLORY RD
GRETN FL 32332

81 Name

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

83

84 City

FL

85 Zip Code

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)

Henry G. Grant, President

3/19/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS ☐ DELETE
NAME FURLOW, JESSIE
STREET ADDRESS RT. 6 BOX 4204
CITY-ST-ZIP QUINCY FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CLAYTON, LARRY
STREET ADDRESS GREENSHADE RD
CITY-ST-ZIP QUINCY FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HURST, RAYMOND
STREET ADDRESS 222 WALLACE DR.
CITY-ST-ZIP QUINCY FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME KENON, JESSE
STREET ADDRESS 1134 A WEST WASHINGTON ST
CITY-ST-ZIP QUINCY FL

4.1 TITLE Director/Vice President ☒ Change ☐ Addition
4.2 NAME Lynn Coultas
4.3 STREET ADDRESS Rt. 2, Box 715
4.4 CITY-ST-ZIP Havana, FL 32333

TITLE D ☐ DELETE
NAME TAYLOR, RICHARD
STREET ADDRESS RT. 2, BOX 160 H
CITY-ST-ZIP QUINCY FL

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

TITLE D ☒ DELETE
NAME STOUT, ROBERT
STREET ADDRESS 6701 TIMTAM TRAIL
CITY-ST-ZIP TALLAHASSEE FL

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry G. Grant, President

Date

Daytime Phone #

3/19/96 (904) 878-8556

CR2E037 (12/95)