

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41606 (7)

1. Corporation Name
GADSDEN COUNTY HABITAT FOR HUMANITY, INC.



Principal Place of Business P.O. BOX 1358 QUINCY FL 32351 US	Mailing Address P.O. BOX 1358 QUINCY FL 32351 US
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3. Date Incorporated or Qualified 01/10/1991		
4. FEI Number 59-3035198	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	25. Zip
29. Country	30. Zip

9. Name and Address of Current Registered Agent

**GRANT, HENRY G
STATE RD 379A, GLORY RD
GRETNA FL 32332**

10. Name and Address of New Registered Agent

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: *Henry G. Grant* Henry G. Grant 2/20/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS FURLOW, JESSIE RT. 6 BOX 4204 QUINCY FL	<input type="checkbox"/> DELETE	
NAME		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE	D CLAYTON, LARRY GREENSHADE RD QUINCY FL	<input checked="" type="checkbox"/> DELETE	
NAME		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		2.2 NAME	DP Howe, Jack
CITY-ST-ZIP		2.3 STREET ADDRESS	RR 2 Box 190-C1
		2.4 CITY-ST-ZIP	Quincy, FL 32351
TITLE	D HURST, RAYMOND 222 WALLACE DR. QUINCY FL	<input type="checkbox"/> DELETE	
NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	DV COULTAS, LYNN RT S, BOX 715 HAVANA FL	<input checked="" type="checkbox"/> DELETE	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	DV Holt, Charleston
CITY-ST-ZIP		4.3 STREET ADDRESS	656 S. 11th St.
		4.4 CITY-ST-ZIP	Quincy, FL 32351
TITLE	D TAYLOR, RICHARD RT. 2, BOX 160 H QUINCY FL	<input type="checkbox"/> DELETE	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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.

SIGNATURE: *Henry G. Grant* Henry G. Grant 2/20/98

CR2E037 (10/97)