09011999-90006-028-$70.00-$70.00

25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT -1 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

611476-90006-28

9/01/99 90006 028 #70.00

DOCUMENT # N41606

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

2. Principal Place of Business	2a. Mailing Address
21	26 PO BOX 1358
Suite, Apt. #, etc. 22 CITY HALL	Suite, Apt. #, etc. 27
City & State 23 QUINCY FL	City & State 28 QUINCY FL
Zip / Country 24 32351 25 USA	Zip / Country 29 32351 30 USA

3. Date Incorporated or Qualified: 01/10/1991

4. FEI Number: 59-3035198 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

31 Name: JACK HOWE
32 Street Address (P.O. Box Number is Not Acceptable): 28 SAWANO DR
33
34 City: QUINCY FL 35 Zip Code: 32351

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: Jack Howe JACK S. HOWE 28 SEPT 99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FURLOW, JESSIE RT. 6 BOX 4204 QUINCY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HOWE, JACK RR 2, BOX 190-CL QUINCY FL 32351	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HURST, RAYMOND 222 WALLACE DR. QUINCY FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HOLT, CHARLESTON 656 S 11TH ST QUINCY FL 32351	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, RICHARD RT. 2, BOX 160 H QUINCY FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	WALTER KELLEHER 214 N JACKSON ST QUINCY FL 32351	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JACK S. HOWE 30AUG99 627-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE