

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # N41606

1. Corporation Name

GADSDEN COUNTY HABITAT FOR HUMANITY, INC.

Principal Place of Business

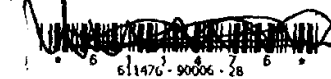
 P.O. BOX 1358
QUINCY FL 32351
US

Mailing Address

 P.O. BOX 1358
QUINCY FL 32351
US

FILED

99 OCT -1 AM 8:41

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA


9/01/99 90006 028 \$70.00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	P.O. BOX 1358	01/10/1991	
22	CITY HALL	27	Suite, Apt. #, etc.	4. FEI Number	Applied For
23	QUINCY FL	28	QUINCY FL	59-3035198	Not Applicable
24	Zip	29	Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country	30	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
26	32351	31	USA	Trust Fund Contribution	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

 81 Name JACK HOWE
82 Street Address (P.O. Box Number is Not Acceptable) 28 JAVANA DR
83
84 City QUINCY FL 85 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 S. HOWE 28 SEPT 99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DE	11 TITLE	
NAME	FURLOW, JESSIE	12 NAME	
STREET ADDRESS	RT. 6 BOX 4204	13 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	
NAME	HOWE, JACK	22 NAME	
STREET ADDRESS	RR 2, BOX 190-CL	23 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	
NAME	HURST, RAYMOND	32 NAME	
STREET ADDRESS	222 WALLACE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	
NAME	HOLT, CHARLESTON	42 NAME	
STREET ADDRESS	656 S 11TH ST	43 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	
NAME	TAYLOR, RICHARD	52 NAME	
STREET ADDRESS	RT. 2, BOX 160 H	53 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 with all other like empowered.

SIGNATURE:

SIGNATURE OF JACK S. HOWE

Date

30 AUG 99

Daytime Phone #

627-2848

KE