

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41606

Entity Name

GADSDEN COUNTY HABITAT FOR HUMANITY, INC.

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-20-2002 90184 021 *****61.25

| | |
|---|---|
| Principal Place of Business CITY HALL QUINCY FL 32351 | Mailing Address PO BOX 1358 QUINCY FL 32351 |
|---|---|



DO NOT WRITE IN THIS SPACE

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

| | |
|--|--|
| 4. FEI Number 59-3035198 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

HINSON, WILSON
 331 N. 14TH ST.
 QUINCY FL 32351

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.

SIGNATURE *E. Hinson Jr.* DATE _____

Signature, typed or printed name of registered agent and sign if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--------------------------|--|---|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|--------------------------|--|---|

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS FURLOW, JESSIE RT. 6 BOX 4204 QUINCY FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HINSON, WILSON 331 N. 14TH ST QUINCY FL 32351 | <input type="checkbox"/> Delete <i>D</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HOLT, CHARLESTON 656 S 11TH ST QUINCY FL 32351 | <input type="checkbox"/> Delete <i>D</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SUTHPIN, CHUCK 908 INDIAN ST. HAVANA FL 32333 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PEACOCK, GRETA 208 JACK DR. QUINCY FL 32351 | <input type="checkbox"/> Delete <i>D</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

2. 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: *E. Hinson Jr.* **NOTARIZATION REQUIRED** Date: *2/6/02* Daytime Phone: *850 625 6295*

CR2E037 (9/01)