2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2004
Secretary of State

DOCUMENT# N41606

Entity Name: GADSDEN COUNTY HABITAT FOR HUMANITY, INC.

Current Principal Place of Business:

CITY HALL
QUINCY, FL 32351 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1358
QUINCY, FL 32351

New Mailing Address:

FEI Number: 59-3035198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: FURLOW, JESSIE
Address: RT. 6 BOX 4204
City-St-Zip: QUINCY, FL

Title: DP ( ) Delete
Name: HINSON, WILSON
Address: 331 N. 14TH ST
City-St-Zip: QUINCY, FL 32351

Title: DV ( ) Delete
Name: HOLT, CHARLESTON
Address: 656 S 11TH ST
City-St-Zip: QUINCY, FL 32351

Title: P ( ) Delete
Name: SUTHPIN, CHUCK
Address: 908 INDIAN ST.
City-St-Zip: HAVANA, FL 32333

Title: VP ( ) Delete
Name: PEACOCK, GRETA
Address: 206 JACK DR.
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E.W. HINSON, JR. DP 05/11/2004
Electronic Signature of Signing Officer or Director Date