

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90110 048 ****61.25

0018555

DOCUMENT # N42719

1. Entity Name

HABITAT FOR HUMANITY IN OKALOOSA COUNTY, INC.

Principal Place of Business

238 EGLIN PKWY
 FT WALTON BCH FL 32547

Mailing Address

238 EGLIN PKWY
 F
 FT WALTON BCH FL 32547
 US

2. Principal Place of Business

311 South Ave

Suite, Apt. #, etc.

3. Mailing Address

311 South Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT WALTON BEACH, FL

City & State

SAME

4. FEI Number

59-3066029

Applied For

Not Applicable

Zip

32547

Country

USA

Zip

SAME

Country

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

CLOTHIER, JEAN
 238 EGLIN PKWY NE
 FT WALTON FL 32547

7. Name and Address of New Registered Agent

Name
 JEAN CLOTHIER

Street Address (P.O. Box Number is Not Acceptable)

311 SOUTH AVE

City
 FT WALTON BEACH

FL

Zip Code
 32547

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HOUGHTON, BRENDA	
STREET ADDRESS	32 BAY DR. N.E.	
CITY-ST-ZIP	FT WALTON BCH. FL 32548	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEOPOLD, GORDN	
STREET ADDRESS	3804 MISTAY ST	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEVE WILLIAMS	
STREET ADDRESS	225 NW HOLLYWOOD BLVD	
CITY-ST-ZIP	FT. WALTON BCH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CZAPLESKI, JOHN	
STREET ADDRESS	119 HOLLYWOOD BLVD NW	
CITY-ST-ZIP	FT WALTON BCH FL 32548	
TITLE	PE	<input checked="" type="checkbox"/> Delete
NAME	FENNELL, DAVE	
STREET ADDRESS	42 -6TH AVE	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V.P. TREASURER	
STREET ADDRESS	LBS GERLACH	
CITY-ST-ZIP	810 CHOCTAW LANE SHALIMAR, FL 32579	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR FAMILY SELECTION	
STREET ADDRESS	Rebecca EDGE	
CITY-ST-ZIP	30 HIGHLAND DR. N.W. FT. WALTON BEACH FL 32549	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR FUNDRAISING	
STREET ADDRESS	DAVID SIBSON	
CITY-ST-ZIP	39 INDIAN BAYOU DR DESTIN, FL 32541	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR THRIFT STORE	
STREET ADDRESS	SHERILL MC ARDLE	
CITY-ST-ZIP	338 JASMINE AVE VALPARAISO, FL 32580	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR PUBLICITY	
STREET ADDRESS	MACK GAY	
CITY-ST-ZIP	24 BAYOU DR FT. WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR SITE SELECTION	
STREET ADDRESS	MIKE BAILEY	
CITY-ST-ZIP	6526 N. BEAL PKY FT WALTON BEACH FL 32547	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Rebecca Edge
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/01

80-315-0025
 Daytime Phone #

CR2E037 (10/00)