

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90113 006 ****61.25

DOCUMENT # N42719

1. Entity Name

HABITAT FOR HUMANITY IN OKALOOSA COUNTY, INC.

Principal Place of Business

~~311 SOUTH AVE~~
 FT WALTON BCH FL 32547

Mailing Address

~~311 SOUTH AVE~~
 FT WALTON BCH FL 32547
 US

2. Principal Place of Business

13 MEMORIAL PARKWAY

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

103

City & State

FT WALTON BEACH FL

City & State

4. FEI Number

59-3066029

Applied For

Not Applicable

Zip

Country

32548

OKALOOSA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLOTHIER, JEAN

~~311 SOUTH AVE~~ 13 MEMORIAL PKY Ste 103
 FT WALTON FL 32547 FT WALTON BEACH, FL 32548

Name

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

City

FL

Zip Code

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

Jean Clothier JEAN CLOTHIER OFFICE ADMINISTRATOR

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPT	<input type="checkbox"/> Delete
NAME	GERLACH, LES	
STREET ADDRESS	810 CHOCTAW LANE	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDGE, REBECCA	
STREET ADDRESS	30 HIGHLAND DR NW	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SISSON, DAVID	
STREET ADDRESS	39 INDIAN BAYOR DR	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CZAPLESKI, JOHN	
STREET ADDRESS	119 HOLLYWOOD BLVD NW	
CITY-ST-ZIP	FT WALTON BCH FL 32548	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAY, MACK	
STREET ADDRESS	24 BAYOU DR	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, MIKE	
STREET ADDRESS	6526 N BEAL PKWY	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDY WISE	
STREET ADDRESS	128 N. PARKIN DR	
CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	PRESIDENT-ELECT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONY HUGHES	
STREET ADDRESS	2733 CREEKS EDGE LANE	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	FAMILY SUPPORT DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JON SHEPHERD	
STREET ADDRESS	105 PORT DRIVE	
CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE	CONSTRUCTION MANAGER/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY BURGESS	
STREET ADDRESS	14 Bayview Drive	
CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE	CHURCH RELATIONS DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN TANDY	
STREET ADDRESS	800 BAY DR #14	
CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	FUND RAISING DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM NISSELY	
STREET ADDRESS	4676 WINDSTAR DRIVE	
CITY-ST-ZIP	DESTIN, FL 32541	

12. 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:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02 (850) 244-9900

Date Daytime Phone #

CR2E037 (9/01)