


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N42719
1. Entity Name
HABITAT FOR HUMANITY IN OKALOOSA COUNTY, INC.



Principal Place of Business 99 EGLIN PARKWAY SUITE 12 FORT WALTON BEACH, FL 32548	Mailing Address 99 EGLIN PARKWAY SUITE 12 FORT WALTON BEACH, FL 32548
--	--

DO NOT WRITE IN THIS SPACE



02232004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3066029	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, NITSI
99 EGLIN PARKWAY
SUITE 12
FORT WALTON BEACH, FL 32548

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUGHES, TONY 2733 CREEKS EDGE LANE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NUNALLY, BRUCE 4483 TURNBERRY PLACE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT WILSON, BRETT 2000 98 PALMS BLVD DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEPERD, JOHN 105 PORT DRIVE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED BENNETT, NITSI 99 EGLIN PARKWAY, SUITE 12 FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRYAN, JOHN JR 1020 S FERDON BLVD CRESTVIEW, FL 32536

000000071540
03/01/04-80075-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: John C. Bryan, Jr. **John C. Bryan, Jr.** February 23, 2004 850/682-2126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #