2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42719

FILED Jan 04, 2005 Secretary of State

Entity Name: HABITAT FOR HUMANITY IN OKALOOSA COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 99 EGLIN PARKWAY SUITE 12 FORT WALTON BEACH, FL 32548 **New Mailing Address: Current Mailing Address:** 99 EGLIN PARKWAY SUITE 12 FORT WALTON BEACH, FL 32548 FEI Number: 59-3066029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENNETT, NITSI BENNETT, NITSI EX. DIR 99 EGLIN PARKWAY 99 EGLIN PARKWAY SUITE 12 SUITE 12 FORT WALTON BEACH, FL 32548 US FORT WALTON BEACH, FL 32548 US 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: NITSI BENNETT 01/04/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HUGHES, TONY Name: Name: 2733 CREEKS EDGE LANE Address: Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: Title: () Delete Title: (X) Change () Addition NUNALLY, BRUCE Name: NUNALLY, BRUCE Name: Address: 4483 TURNBERRY PLACE Address: 4483 TURNBERRY PLACE City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578 Title: () Delete Title: (X) Change () Addition WILSON, BRETT PERRY, AMY Name: Name: 2000 98 PALMS BLVD Address: Address: 337 L'ATRIUM CIRCLE City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 (X) Change () Addition Title: () Delete Title: HUBBARD, DAVID Name: SHEPERD, JOHN Name: Address: 105 PORT DRIVE Address: 34894 EMERALD COAST PKWAY City-St-Zip: SHALIMAR, FL 32579 City-St-Zip: DESTIN, FL 32541 Title: () Delete Title: () Change () Addition BENNETT, NITSI Name: Name: 99 EGLIN PARKWAY, SUITE 12 Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: Title: () Delete Title: () Change () Addition BRYAN, JOHN JR Name: Name: Address: 1020 S FERDON BLVD Address: CRESTVIEW, FL 32536 City-St-Zip: 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: NITSI BENNETT ED 01/04/2005