

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42719

FILED  
Jan 29, 2007  
Secretary of State

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

**Current Principal Place of Business:**

99 EGLIN PARKWAY  
SUITE 12  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

99 EGLIN PARKWAY  
SUITE 12  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: 59-3066029      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENNETT, NITSI CEO  
99 EGLIN PARKWAY  
SUITE 12  
FORT WALTON BEACH, FL 32548 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: PP ( ) Delete  
Name: HUGHES, TONY  
Address: 2733 CREEKS EDGE LANE  
City-St-Zip: NAVARRE, FL 32566

Title: CHAI ( ) Delete  
Name: NUNALLY, BRUCE  
Address: 4483 TURNBERRY PLACE  
City-St-Zip: NICEVILLE, FL 32578

Title: VC ( ) Delete  
Name: PERRY, AMY  
Address: 337 L'ATRIUM CIRCLE  
City-St-Zip: DESTIN, FL 32541

Title: S ( ) Delete  
Name: HUBBARD, DAVID  
Address: 34894 EMERALD COAST PKWAY  
City-St-Zip: DESTIN, FL 32541

Title: CEO ( ) Delete  
Name: BENNETT, NITSI  
Address: 99 EGLIN PARKWAY, SUITE 12  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TREA ( ) Delete  
Name: COUEY, NED  
Address: 112 OVERVIEW DRIVE  
City-St-Zip: CRESTVIEW, FL 32539

**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: S (X) Change ( ) Addition  
Name: AKRIDGE, TONY  
Address: 322 CALLE ESCADA  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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 Chapter 119, 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

CEO

01/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date