

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 28, 2011
Secretary of State**

DOCUMENT# N42719

Entity Name: HABITAT FOR HUMANITY IN OKALOOSA COUNTY, INC.**Current Principal Place of Business:**99 EGLIN PARKWAY
SUITE 11
FORT WALTON BEACH, FL 32548**New Principal Place of Business:****Current Mailing Address:**99 EGLIN PARKWAY
SUITE 11
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 11
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:** CHAI
Name: CZAPLESKI, JOHN
Address: 81 TARPON STREET
City-St-Zip: DESTIN, FL 32541**Title:** VCHA
Name: HAUGE, MARY
Address: 535 POCAHONTAS DRIVE
City-St-Zip: FT WALTON BEACH, FL 32547**Title:** SEC
Name: PRITCHARD, KATHY
Address: 5 CALHOUN AVENUE # 301
City-St-Zip: DESTIN, FL 32541**Title:** TREA
Name: HOUSTON, HENRY
Address: P.O. BOX 5466
City-St-Zip: DESTOM, FL 32540**Title:** CEO
Name: BENNETT, NITSI
Address: 99 EGLIN PARKWAY, SUITE 11
City-St-Zip: FORT WALTON BEACH, FL 32548**Title:** PC
Name: VANLEEUEAN, WILMA
Address: 240 BROOKS STREET C-202
City-St-Zip: FT WALTON BEACH, FL 32548

I hereby 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 all other like empowered.

SIGNATURE: NITSI BENNETT

CEO

07/28/2011

Electronic Signature of Signing Officer or Director

Date