

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44702

FILED
Apr 03, 2007
Secretary of State

Entity Name: TAYLOR COUNTY FLORIDA HABITAT FOR HUMANITY, INC.

Current Principal Place of Business:

115 W GREEN STREET, @208/#210
PERRY, FL 32347 US

New Principal Place of Business:

115 W GREEN STREET
ROOM 208/210
PERRY, FL 32347 US

Current Mailing Address:

P.O. BOX 1416
PERRY, FL 32348 US

New Mailing Address:

FEI Number: 59-3084471 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HANCE, CECILE N
102 BRIARWOOD DRIVE
PERRY, FL 32347 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: VP () Delete
Name: HANCE, CECILE N
Address: 102 BRIARWOOD DR.
City-St-Zip: PERRY, FL 32347

Title: T () Delete
Name: CLARK, JAMIE
Address: 108 AIRPORT RD
City-St-Zip: PERRY, FL 32348

Title: SEC. () Delete
Name: EMILY, SMIPSON
Address: 118 MARSHALL DRIVE
City-St-Zip: PERRY, FL 32347

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC. (X) Change () Addition
Name: CLARK, JAMIE
Address: 108 AIRPORT RD
City-St-Zip: PERRY, FL 32348

Title: TRES (X) Change () Addition
Name: SIMPSON, EMILY
Address: 118 MARSHALL DRIVE
City-St-Zip: PERRY, FL 32347

Title: PRES () Change (X) Addition
Name: MANTZANAS, THEOPHILOS
Address: 1450 N. JEFFERSON ST.
City-St-Zip: PERRY, FL 32347

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: CECILE HANCE

VP

04/03/2007

Electronic Signature of Signing Officer or Director

Date