2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N44734

Entity Name: HABITAT FOR HUMANITY OF THE MIDDLE KEYS, INC.

Current Principal Place of Business:

1123 82 ST, OCEAN
MARATHON, FL 330500067 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 500067
MARATHON, FL 330500067 US

New Mailing Address:

FEI Number: 65-0279086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUERGO, LILI
389 N ANGLERS DR
#107
MARATHON, FL 33050 US

Name and Address of New Registered Agent:

HUERGO, LILI ED
389 N ANGLERS DR
#107
MARATHON, FL 33050 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: LILI HUERGO 02/06/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: FVPD ( ) Delete
Name: SMITH, JEFF
Address: PO BOX 500067
City-St-Zip: MARATHON, FL 33050

Title: PD ( ) Delete
Name: FERRARO, BRUCE
Address: PO BOX 500067
City-St-Zip: MARATHON, FL 33050

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD ( ) Change (X) Addition
Name: MARCO, PAMELA
Address: PO BOX 500067
City-St-Zip: MARATHON, FL 33050

Title: TD ( ) Change (X) Addition
Name: MARZOA, LUPE
Address: PO BOX 500067
City-St-Zip: MARATHON, FL 33050

I hereby certify that the information supplied with this filing does not qualify 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: LILI HUERGO RA 02/06/2009
Electronic Signature of Signing Officer or Director — Date