2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jul 27, 2005 8:00 am
Secretary of State
07-27-2005 90046 043 ****61.25

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DOCUMENT # N92000000014

1. Entity Name
HABITAT FOR HUMANITY OF BRADFORD COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
113 E CALL STREET STARKE, FL 32091	~~P.O. BOX 67~~ P O BOX 367 STARKE, FL 32091

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3621410 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, GERALD L JR. 113 E CALL STREET STARKE, FL 32091	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, SCOTT 1317 CHATAUGUA WAY KEYSTONE HEIGHTS, FL 32656	☒ Delete	Lamar Priest Lawtey, FL 32058	☐ Change ~~☒ Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDWIRE, MARY AGNES BESSENT RD STARKE, FL 32091	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, GERALD L JR P.O. BOX 67 STARKE, FL 32091	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SMITH, TERESA 7874 SW 155TH TER STARKE, FL 32091	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCRAE, ARLEY 1517 BESSENT RD STARKE, FL 32091	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORRIS, JOHN P.O. BOX 342 LAWTEY, FL 32058	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Teresa A. Moss — 7/25/05 — Financial Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TITLE