

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2006 8:00 am**  
**Secretary of State**

08-18-2006 90077 030 \*\*\*\*61.25

**DOCUMENT # N92000000014**

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



Principal Place of Business  
**113 E CALL STREET  
STARKE, FL 32091**

Mailing Address  
**P.O. BOX 367  
STARKE, FL 32091**

**50025521**



08132006 Chg-NP CR2E037 (4/06)

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 **Arley McRae**  
Street Address (P.O. Box Number is Not Acceptable)  
**1517 Besseant Rd**  
City **Starke** FL Zip Code **32091**

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

*Arley McRae*

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/15/06**

**Filing Fee is \$61.25  
Due by September 6, 2006**

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

TITLE **D** ☐ Delete  
NAME **PRIEST, LAMAR**  
STREET ADDRESS **1317 CHATAUGUA WAY**  
CITY-ST-ZIP **LAWTEY, FL 32058**

TITLE **D** ☐ Delete  
NAME **GOLDWIRE, MARY AGNES**  
STREET ADDRESS **BESSENT RD**  
CITY-ST-ZIP **STARKE, FL 32091**

TITLE **VPD** ☐ Delete  
NAME **MCRAE, ARLEY**  
STREET ADDRESS **1517 BESSENT RD**  
CITY-ST-ZIP **STARKE, FL 32091**

TITLE **PD** ☐ Delete  
NAME **MORRIS, JOHN**  
STREET ADDRESS **P.O. BOX 342**  
CITY-ST-ZIP **LAWTEY, FL 32058**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Arley McRae* **ARLEY MCRAE**

Date

**8-15-06**

Daytime Phone #

**(904) 964-2409**