

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
07 SEP 18 AM 11:43
CLERK OF STATE
TALLAHASSEE, FLORIDA



09062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3621410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

^{AE}
MCR ~~ARLEY~~ ARLEY
1517 BESSENT RD
STARKE, FL 32091

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**
09/19/07-01021-011 **61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIEST, LAMAR 1317 CHATAUGUA WAY LAWTEY, FL 32058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDWIRE, MARY AGNES BESSENT RD STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCRAE, ARLEY 1517 BESSENT RD STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, JOHN P.O. BOX 342 LAWTEY, FL 32058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

9-10-7 (904) 964-2459
Date Daytime Phone #