

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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
09 JUL 17 AM 9:08
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ALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		07142009 REIN-NP CR2E099 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3621410	
City & State		City & State		Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	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	
MCRAE, ARLEY 1517 BESSENT RD 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 *Arley McRae* **EX DIRECTOR** 7-14-09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50 ✓	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIEST, LAMAR 1317 CHATAUGUA WAY LAWTEY, FL 32058 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900158624529 07/17/09--01032--008 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDWIRE, MARY AGNES BESSENT RD STARKE, FL 32091 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCRAE, ARLEY 1517 BESSENT RD STARKE, FL 32091 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 08-09 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, JOHN P.O. BOX 342 LAWTEY, FL 32058 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Arley McRae* **EX DIR** 7-14-9 904-564-5553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #