

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90047 002 ****61.25

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01082007 Chg-NP CR2E037 (12/06)

DOCUMENT # N92000000794					
1. Entity Name FLAGLER HABITAT FOR HUMANITY, INC.					
Principal Place of Business 2 W MOODY BLVD BUNNELL, FL 32110 US			Mailing Address PO BOX 187 BUNNELL, FL 32110 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3172803	
				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				7. Name and Address of New Registered Agent	
SHOEMAKER, SHARON 2 W MOODY BLVD BUNNELL, FL 32110				Name <u>Lindsay Elliott</u> Street Address (P.O. Box Number is Not Acceptable) <u>2 W. Moody Blvd</u> City <u>Bunnell</u> FL Zip Code <u>32110</u>	
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 <u>Lindsay Elliott</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>1/8/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP SHOEMAKER, SHARON 925 ISLAND GROVE DR DELAND, FL 32724	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jon Nettis 17 Flinstone Court Palm Coast, FL 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LECKIE, JACK 23 MARBELLA CT. PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Deb Winter 6 Cool Water Ct. Palm Coast, FL 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARPE, TAMMY 1050 PALM COAST PKWAY SW PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LERNER, DON 925 ISLAND GROVE R DELAND, FL 32724	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURDEN, TOB 59 ISLAND ESTATES PKWY PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUFF, BOB 142 BREN MAR LAN PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Lindsay Elliott</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1/8/07</u> <small>Daytime Phone #</small>	