2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N92000000794

Entity Name: FLAGLER HABITAT FOR HUMANITY, INC.

Current Principal Place of Business:

2 W MOODY BLVD
BUNNELL, FL 32110 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 187
BUNNELL, FL 32110 US

New Mailing Address:

FEI Number: 59-3172803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLIOT, LINDA
2 W MOODY BLVD
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	NETTS, JOHN	
Address:	17 FLINTSONE CT	
City-St-Zip:	PALM COAST, FL 32137	
Title:	T	( ) Delete
Name:	LECKIE, JACK	
Address:	23 MARBELLA CT.	
City-St-Zip:	PALM COAST, FL 32137	
Title:	P	( ) Delete
Name:	SHARPE, TAMMY	
Address:	1050 PALM COAST PKWAY SW	
City-St-Zip:	PALM COAST, FL 32137	
Title:	S	( ) Delete
Name:	WINTER, DEB	
Address:	6 COOL WATER CT	
City-St-Zip:	PALM COAST, FL 32137	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ED	(X) Change ( ) Addition
Name:	ELLIOT, LINDSAY	
Address:	808 W MINNESOTA BLVD	
City-St-Zip:	DELAND, FL 32720	
Title:	D	(X) Change ( ) Addition
Name:	WINTER, DEB	
Address:	6 COOL WATER CT	
City-St-Zip:	PALM COAST, FL 32137	
Title:	P	( ) Change (X) Addition
Name:	GUIMENTA, RIC	
Address:	4871 PALM COAST PKWY	
City-St-Zip:	PALM COAST, FL 32137	
Title:	S	( ) Change (X) Addition
Name:	BUGNET, SHERRY	
Address:	7 WHITEWING PLACE	
City-St-Zip:	PALM COAST, FL 32137	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDSAY ELLIOT ED 01/28/2009

Electronic Signature of Signing Officer or Director Date