

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000245 (1)

1. Corporation Name

HABITAT FOR HUMANITY OLF HERNANDO COUNTY, INC.



Principal Place of Business

7281 SUNSHINE GROVE ROAD
SUITE 135
BROOKSVILLE FL 34613
US

Mailing Address

P.O. BOX 2118
SPRING HILL FL 34606

3. Date Incorporated or Qualified
01/04/1993

3a. Date of Last Report
08/08/1995

2. Principal Place of Business

21

2a. Mailing Address

26 7281 Sunshine Grove Rd

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27 Suite 135

City & State

23

City & State

28 Brooksville FL

Zip

Country

24

Zip

29 34613

Country

30 Hernando

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEVINS, DOUGLAS G
143 SOUTH MAIN STREET
BROOKSVILLE FL 34601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P DELETE

NAME RICHARD BRAUN
STREET ADDRESS 2110 ARBUCKLE RD
CITY - ST - ZIP SPRING HILL FL 34608

TITLE P DELETE

NAME ~~CECIL BRADLEY~~
STREET ADDRESS ~~368 KORBUS RD~~
CITY - ST - ZIP ~~MASARYKTOWN FL 34609~~

TITLE TD DELETE

NAME BONELLO, MARK
STREET ADDRESS 7255 FOREST OAK BLVD.
CITY - ST - ZIP SPRING HILL FL

TITLE DS DELETE

NAME DAGE, RAYMOND E. F
STREET ADDRESS 315 BROOKSVILLE AVE.
CITY - ST - ZIP BROOKSVILLE FL

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D Change Addition

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE V. D. Change Addition

22 NAME mark Manzelman
23 STREET ADDRESS 3023 Dumasa Ave
24 CITY - ST - ZIP Spring Hill FL 34609

31 TITLE Change Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE Change Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE Change Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard Braun* (Richard BRAUN, Pres.) 2/17/96 352/688-9869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)