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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000000245 (1)

1. Corporation Name

HABITAT FOR HUMANITY OF HERNANDO COUNTY, INC.



Principal Place of Business

Mailing Address

7281 SUNSHINE GROVE ROAD
SUITE 135
BROOKSVILLE FL 34613
US

7281 SUNSHINE GROVE RD
SUITE 135
BROOKSVILLE FL 34613-6801
US

3. Date Incorporated or Qualified
01/04/1993

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
D
NAME RICHARD BRAUN
STREET ADDRESS 2110 ARBUCKLE RD
CITY-ST-ZIP SPRING HILL FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
VD
NAME MANZELMAN, MARK
STREET ADDRESS 3023 DUMAS AVE
CITY-ST-ZIP SPRING HILL FL

2.1 TITLE Change Addition
2.2 NAME DP
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE Change Addition
3.2 NAME DT
3.3 STREET ADDRESS OLIVER W. KRUEGER
3.4 CITY-ST-ZIP 5214 FOREST GLENN DR.
SPRING HILL FL 34607

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

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Oliver W. Krueger OLIVER W. KRUEGER 1/28/97 352-688-2417

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

CR2E037 (9/96)