

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000245 (1)
 1. Corporation Name
HABITAT FOR HUMANITY OF HERNANDO COUNTY, INC.



Principal Place of Business 7281 SUNSHINE GROVE ROAD SUITE 135 BROOKSVILLE FL 34613 US	Mailing Address 7281 SUNSHINE GROVE RD SUITE 135 BROOKSVILLE FL 34613 US
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3. Date Incorporated or Qualified 01/04/1993	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**BEVINS, DOUGLAS G
 143 SOUTH MAIN STREET
 BROOKSVILLE FL 34601**

10. Name and Address of New Registered Agent

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD BRAUN	1.2 NAME	
STREET ADDRESS	2110 ARBUCKLE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANZELMAN, MARK	2.2 NAME	
STREET ADDRESS	3023 DUMAS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	
TITLE	OT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROEGER, OLIVER W.	3.2 NAME	KROEGER
STREET ADDRESS	5214 FOREST GLENN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAGE, RAYMOND E. F	4.2 NAME	WILSON, HARRY
STREET ADDRESS	315 BROOKSVILLE AVE.	4.3 STREET ADDRESS	8021 ALLON DR
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	BROOKSVILLE, FL 34613
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	RODRIGUEZ, George
STREET ADDRESS		5.3 STREET ADDRESS	1105 BRADSHAW AVE.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 _____

CR2E037 (10/97)

**HABITAT FOR HUMANITY
OF HERNANDO COUNTY, INC.**

BOARD OF DIRECTORS

1998

- | | | | |
|-----------|--|---|---|
| D | Beneke, Mark/Anna
AM South Fed. Savings Bank
1500 Pinchurn Drive
Spring Hill, FL 34606
352 683-6385 (W) Fax: 352 688-6906 | Finance | |
| | | | 5648 Redhawk Dr.
New Port Richey, FL 34655
813 376-6948 |
| D | Bradley, Carl/Marlene
368 Korbus Rd.
Masaryktown, FL 34609
352 754-8551 | Chairman,
Building Committee | |
| D | Braun, Richard/Bea
2110 Artuckle Rd.
Spring Hill, FL 34608
352 688-9869 Fax: 352 688-0792 | Director of Community Outreach | |
| D | Chorvat, Lewis/Shirley
940 Moonlight Lane
Brooksville, FL 34601
352 796-3871 | Building Committee | |
| D | Davis, Jane/Ed
6428 Barclay Avenue
Brooksville, Florida 34609
352 596-5486 | Public Relations | |
| D | Donaldson, Beth/Harry
8502 Day Street
Spring Hill, Florida
352 688-7975 | Newsletter Editor | |
| D | Fauer, Chris/Karen
9207 Weeping Willow Street
Brooksville, FL 34613
352 596-5025 | | |
| D | Jacobella, Tom/Irene
5155 Burton Ct.
Spring Hill, FL 34606
352 683-1330 (W)
352 688-2907 (H) | Fund Raising
Committee | |
| DT | Krueger, Bill/Ody
5214 Forest Glen Drive
Spring Hill, FL 34607
352 688-2417 | Treasurer | |