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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000245

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

01/04/1993

22 City & State

27 City & State

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

2.1 TITLE D Change Addition
2.2 NAME LIPIDAROU, DONNA
2.3 STREET ADDRESS 11224 LINDEN LANE
2.4 CITY-ST-ZIP PORT RICHEY-FL 34668

TITLE DT DELETE
NAME KREUGER
STREET ADDRESS 5214 FOREST GLENN DRIVE
CITY-ST-ZIP SPRING HILL FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DS DELETE
NAME WILSON, HARRY
STREET ADDRESS 8021 ALLEN DR.
CITY-ST-ZIP BROOKSVILLE FL 34613

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

TITLE DVP DELETE
NAME RODRIGUEZ, GEORGE
STREET ADDRESS 1605 S. BROOKSVILLE AVE.
CITY-ST-ZIP BROOKSVILLE FL 34601

5.1 TITLE DP 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 D Change Addition
6.2 NAME BONELLO, MARK
6.3 STREET ADDRESS 5648 RED HAWK DR.
6.4 CITY-ST-ZIP NEW PORT RICHEY FL 34655

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, with all other like empowered.

SIGNATURE: *[Signature]* W. KRUEGER 4-16-99 352-688-2417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0071206

CDEN07 (1/1/99)