

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90116 001 ****61.25

0095418

DOCUMENT # N93000000245

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILSON, HARRY
 8021 ALLEN DR.
 BROOKSVILLE FL 34613**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DONALDSON, BETH	
STREET ADDRESS	8502 DAY STREET	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VANDERBURG, KEN	
STREET ADDRESS	5183 GULF CLUB LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KREUGER, OLIVER	
STREET ADDRESS	5214 FOREST GLENN DRIVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WILSON, HARRY	
STREET ADDRESS	8021 ALLEN DR.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRADLEY, CECIL	
STREET ADDRESS	368 KORBUS RD	
CITY-ST-ZIP	MASARYKTOWN FL 34609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAPEL, JOHN	
STREET ADDRESS	824 PEACH ST	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. DIANA BARTLETT	
STREET ADDRESS	7359 SPRING HILL DR.	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. BRENDA MDDLEY	
STREET ADDRESS	11259 OLD CRYSTAL RIVER RD.	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Oliver Kreuger* **OLIVER KREUGER, TRASURER 1-18-02 352-596-6800**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/01)