


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90023 042 ****70.00

DOCUMENT # N93000000245
 1. Entity Name
HABITAT FOR HUMANITY OF HERNANDO COUNTY, INC.



Principal Place of Business Mailing Address
2035 BROAD STREET **P.O. BOX 15389**
BROOKSVILLE FL 34604-7717 **BROOKSVILLE FL 34604-7717**
US **US**

90016959



1st MOORE CR2E037 (10/04)

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 Applied For
59-3192261 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FOULTS, CLIFFORD B SR.
2035 BROAD STREET
BROOKSVILLE FL 34604-7717

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BARTLETT, DIANA	
STREET ADDRESS	7359 SPRING HILL DR	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEIER, LARRY	
STREET ADDRESS	8070 HIDDEN HILLS DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KRITZMAN, GINNY	
STREET ADDRESS	4295 HUNTERS PASS	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	ED	<input type="checkbox"/> Delete
NAME	FOULTS, CLIFF	
STREET ADDRESS	24144 WESTMINSTER CT.	
CITY-ST-ZIP	BROOKSVILLE FL 34601-4849	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PALMERI, ARLENE	
STREET ADDRESS	2106 WATERVIEW TERRACE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Lebo	
STREET ADDRESS	2300 Whisper Walk Dr	
CITY-ST-ZIP	Spring Hill FL 34606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<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		

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: Clifford B. Fouts Date: 2-14-05 Daytime Phone #: 352-754-1159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR