

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000245

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: HABITAT FOR HUMANITY OF HERNANDO COUNTY, INC.

**Current Principal Place of Business:**

2035 BROAD STREET  
BROOKSVILLE, FL 346047717 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15389  
BROOKSVILLE, FL 346047717 US

**New Mailing Address:**

FEI Number: 59-3192261      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOUTS, CLIFFORD B SR.  
2035 BROAD STREET  
BROOKSVILLE, FL 346047717 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: BARTLETT, DIANA  
Address: 7359 SPRING HILL DR  
City-St-Zip: SPRING HILL, FL 34606 US

Title: P ( ) Delete  
Name: WEIER, LARRY  
Address: 8070 HIDDEN HILLS DRIVE  
City-St-Zip: SPRING HILL, FL 34606 US

Title: PD ( ) Delete  
Name: LEBO, JERRY  
Address: 2300 WHISPER WALK DR  
City-St-Zip: SPRING HILL, FL 34609

Title: ED ( ) Delete  
Name: FOUTS, CLIFF  
Address: 24144 WESTMINSTER CT.  
City-St-Zip: BROOKSVILLE, FL 346014849

Title: S ( ) Delete  
Name: PALMERI, ARLENE  
Address: 2106 WATERVIEW TERRACE  
City-St-Zip: SPRING HILL, FL 34609 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: BARTLETT, DIANA  
Address: 10 COMMERCIAL WAY  
City-St-Zip: SPRING HILL, FL 34606 US

Title: P (X) Change ( ) Addition  
Name: JILLINGS, ROBERT  
Address: 15628 OAKCREST CIRCLE  
City-St-Zip: BROOKSVILLE, FL 34604 US

Title: VP (X) Change ( ) Addition  
Name: ALDRIDGE, KEN  
Address: 15485 DEER PATH DRIVE  
City-St-Zip: BROOKSVILLE, FL 34604

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD B. FOUTS

ED

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date