

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000245

FILED
Jan 22, 2009
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:

19450 CORTEZ BLVD.
BROOKSVILLE, FL 34601 US

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:

FOUTS, CLIFFORD B SR.
19450 CORTEZ BLVD.
BROOKSVILLE, FL 34601 US

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: _____ 01/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BARTLETT, DIANA
Address: 82 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34606 US

Title: P () Delete
Name: ALDRIDGE, KENNETH
Address: 15485 DEER PATH DRIVE
City-St-Zip: BROOKSVILLE, FL 34604 US

Title: VP () Delete
Name: YOOS, WILLIAM C JR.
Address: 10133 SOUTHERN BREEZE
City-St-Zip: WEEKI WACHEE, FL 34613

Title: ED () Delete
Name: FOUTS, C. B SR.
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

Title: S (X) Change () Addition
Name: BERG, DONALD
Address: 26403 ROLLING ACRES DRIVE
City-St-Zip: BROOKSVILLE, FL 34601 US

I hereby certify that the information supplied with this filing does not qualify 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 E.D. 01/22/2009
Electronic Signature of Signing Officer or Director Date