

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000245

FILED
Jan 12, 2010
Secretary of State

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

Current Principal Place of Business:

19450 CORTEZ BLVD.
BROOKSVILLE, FL 34601 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 (X)

Name and Address of Current Registered Agent:

FOUTS, CLIFFORD B SR.
19450 CORTEZ BLVD.
BROOKSVILLE, FL 34601 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
Name: BARTLETT, DIANA
Address: 10810 COUNTY LINE ROAD
City-St-Zip: HUDSON, FL 34667 US

Title: P
Name: YOOS, WILLIAM C JR.
Address: 10131 SOUTHERN BREEZE
City-St-Zip: WEEKI WACHEE, FL 34613 US

Title: VP
Name: CAMPBELL, MARTIN
Address: 312 SOUTH BROOKSVILLE AVE.
City-St-Zip: BROOKSVILLE, FL 34601

Title: ED
Name: FOUTS, C. B SR.
Address: 24144 WESTMINSTER CT.
City-St-Zip: BROOKSVILLE, FL 346014849

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

I hereby 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 all other like empowered.

SIGNATURE: CLIFFORD B. FOUTS SR.

E.D.

01/12/2010

Electronic Signature of Signing Officer or Director

Date