

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90314 020 \*\*\*\*61.25

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

610 West Jefferson Street

3. Mailing Address

610 West Jefferson Street

Suite, Apt. #, etc.

Brooksville, FL.

Suite, Apt. #, etc.

Brooksville, FL.

City & State

34601-2528

City & State

34601-2528



CHECK HERE IF MAKING CHANGES

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

Delete

7. Name and Address of New Registered Agent

Name

Zipperer, DOUG

Street Address (P.O. Box Number is Not Acceptable)

745 Fernwood Drive

City

Brooksville

FL

Zip Code

34601

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

*Douglas Zipperer*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-03

FILE NOW - FEE IS \$61.25

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARTLETT, DIANA</b>	<b>D</b>
STREET ADDRESS	<b>7359 SPRING HILL DR</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 34606</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>President VANDERBURG, KEN</b>	<b>D</b>
STREET ADDRESS	<b>5183 GULF CLUB LANE</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34809</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KREUGER, OLIVER</b>	
STREET ADDRESS	<b>5214 FOREST GLENN DRIVE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILSON, HARRY</b>	
STREET ADDRESS	<b>8021 ALLEN DR.</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34613</b>	
TITLE	<b>M</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRADLEY, CECIL</b>	
STREET ADDRESS	<b>368 KORBUS RD</b>	
CITY-ST-ZIP	<b>MASARYKTOWN FL 34609</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOBLEY, BRENDA</b>	
STREET ADDRESS	<b>11259 OLD CRYSTAL RIVER RD</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kritzman, Ginny</b>	
STREET ADDRESS	<b>4295 Hunters Pass</b>	
CITY-ST-ZIP	<b>Brooksville, FL 34609</b>	
TITLE	<b>Executive Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cliff</b>	<b>Delete</b>
STREET ADDRESS	<b>24144 Westminster Court</b>	
CITY-ST-ZIP	<b>Brooksville, FL 34601-4849</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Zipperer, Doug. Rev.</b>	<b>D</b>
STREET ADDRESS	<b>745 Fernwood Drive</b>	
CITY-ST-ZIP	<b>Brooksville, FL 34601</b>	
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		
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.

*Douglas Zipperer*