

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90205 029 ****61.25

14005322



DOCUMENT # N96000003230 1. Entity Name HABITAT FOR HUMANITY OF WALTON COUNTY, FL., INC.					
Principal Place of Business 16784 HWY 331 S FREEPORT, FL 32439 US			Mailing Address P.O. BOX 2400 SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 506 Suite, Apt. #, etc.		02042005 Chg-NP CR2E037 (10/03)	
City & State Freeport FL		City & State Freeport FL		4. FEI Number 59-3380235	
Zip 32439		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, MARK D 694 BALDWIN AVE., STE. 3 DEFUNIAK SPRINGS, FL 32433				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORREY, RANDALL 2293 W. CO HWY. 30A SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Rena M Anderson 145 Bay Trace Santa Rosa Beach FL 32459	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXED JACKSON, ALICE S 1512 WINSTON RAY RD. BAKER, FL 32531	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Ronnie McBrayer 91 Cedar Beach Cove Freeport FL 32439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LIVINGSTON, SUSAN 83 SKY HIGH DUNE DRIVE SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Penney Benson 156 Camp Creek Rd S Panama City Beach FL 32413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADSHAW, AARON 539 N. 20TH ST., #24 DEFUNIAK SPRINGS, FL 32433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP George M Livingston III 93 Sky High Dune Dr Santa Rosa Beach FL 32459	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dave Casey 155 Oyster Lake Rd Santa Rosa Beach FL 32459	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Coley 16234 US Hwy 331 S Freeport FL 32439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Susan Livingston</i>		Susan Livingston		04/29/05 (850) 835-0067	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



ATTACHMENT 14005322
HABITAT FOR HUMANITY of Walton County

Board of Directors
2004-2005

Rena Anderson
President

Buz Livingston
President Elect

Susan Livingston
Treasurer

Penney Benson

Dave Casey

Mary Coley

Thomas Guthrie

Margo Herzberg

Joe Lauer

Ken Vogel

Ronnie McBrayer
Executive Director

2005 Not-for-Profit Corporation Annual Report
Document # N96000003230

Line 11 Additions/Changes to Officers and Directors in Line 10 continued

Title	D	Addition
Name	Thomas Guthrie	
Address	254 N Jackson St	
City-St-Zip	Freeport FL 32439	

Title	D	Addition
Name	Margo Herzberg	
Address	640 E Nelson Ave	
City-St-Zip	DeFuniak Springs FL 32433	

Title	D	Addition
Name	Ken Vogel	
Address	50 Gossamer Lane #10	
City-St-Zip	Seacrest FL 32459	

Title	D	Addition
Name	Joe Lauer	
Address	22508 Lakeview Dr	
City-St-Zip	Panama City Beach FL 32413	