
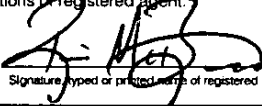
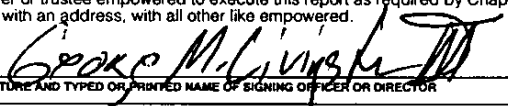


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90203 018 ****61.25

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 506 FREEPORT, FL 32439		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3380235	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, MARK D 694 BALDWIN AVE., STE. 3 DEFUNIAK SPRINGS, FL 32433			Name Ronnie McBrayer Street Address (P.O. Box Number is Not Acceptable) 16784 Hwy 331 S City Freeport FL Zip Code 32439		
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 			DATE 4-26-06		
(NOTE: Registered Agent signature required when reinstating)			DATE		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSON, RENA M 145 BAY TRACE SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MCBRAYER, RONNIE 91 CEDAR BEACH COVE FREEPORT, FL 32439	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNEY, BENSON 156 CAMP CREEK RD S PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Benson, Penney	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LIVINGSTON, GEORGE M III 83 SKY HIGH DUNE DR SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASEY, DAVE 155 OYSTER LAKE RD SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEY, MARY 16234 US HWY 33145 FREEPORT, FL 32439	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT 150 Stanley Drive Freeport FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date 04/26/06 Daytime Phone # (850) 261-1068		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



Habitat
for Humanity®
of Walton County Florida

ATTACHMENT

40067259

*Building
houses,
building
hope*

2006 Not-for-Profit Corporation Annual Report

Document # ~~N96000003230~~

Line 11 Additions to Officers & Directors
(continued)

Title D
Name King, Robert
Address 79 Jim Lee RD
City-St-Zip DeFuniak Springs FL 32433

Title D
Name Lloyd, Leanne
Address 1114 Bob Sikes Road
City-St-Zip DeFuniak Springs FL 32433

Title D
Name Norwood, Meg
Address 131 River Crest Circle
City-St-Zip Santa Rosa Beach FL 32459

Title D
Name Campbell, Mae
Address 18 Catapla Drive
City-St-Zip DeFuniak Springs FL 32435

Title D
Name Hyde, Pete
Address 71 Flamingo Drive
City-St-Zip Santa Rosa Beach FL 32459