## 2008 NOT-FOR-PROFIT CORPORATION

## May 01, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N96000003230 05-01-2008 90194 040 \*\*\*\*61.25 HABITAT FOR HUMANITY OF WALTON COUNTY, FL., Principal Place of Business Maiting Address 00036233 17656 HWY 331 S P.O. BOX 506 FREEPORT, FL 32439 FREEPORT, FL 32439 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292008 CR2E037 (12/06) Cha-NP Applied For City & State 4. FEI Number 59-3380235 City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHANNON B. ERWIN B ERWIN HANNON SMITH. SANDRAK P. O. BOX 504 Street Address (P.O. Box Number is Not Acceptable) 17656 HWY 9315 HW4 331 FREEPORT FL 32439 FREEPORT, FL 32439 FREEPORT 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State **Due by May 1, 2008** Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TREASURER DP TITLE X Delete TITLE BROOKSHIRE, HEATHER 1 Addition Change Change HYDE, JOSEPH P NAME NAME 2855 AL HIGHWAY 187 71 FLAMINGO DRIVE STREET ADDRESS STREET ADDRESS wine AL 36473 CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 CITY-ST-7IP ED TITLE **X** Delete TITLE Addition Change HENNINGER, LATILDA p.o. Box 339 SMITH, SANDRA K NAME NAME STREET ADDRESS **87 PINESHORES DRIVE** STREET ADDRESS FREEPORT FL 32439 CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435 CITY-ST-7IP TITLE BOD BROWN, JOHN WLBERT Delete TITE Addition ☐ Change NAME GEORGE, SUTHERLAND NAME STREET ADDRESS 176 BEACON WAY STREET ADDRESS CITY-ST-ZIP SANTA ROSA BCH, FL 32459 DEFUNIAK SPRINGS CITY-ST-ZIP REYNAFARLE, LOURDES BOD TITLE ☐ Delete TV Addition TIT! F 543 SEACREST DRIVE NAME MAE, CAMPBELL NAME STREET ADDRESS 18 CATAPLA DRIVE STREET ADDRESS PANAMA CITY BEACH FL 32413 DEFUNIAK SPRINGS, FL 32433 CITY-ST-ZIP CITY-ST-ZIP BOD TITLE Change ☐ Delete TATLE ☐ Addition MICHAEL, GRANBERRY NAME Granberry, Michael NAME STREET ADDRESS P.O. BOX 4803 PO BOX 4803 STREET ADDRESS CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 CITY-ST-ZIP Rosa Beach FL 32459 CECRGTARY TITLE ☐ Delete IIIE ☐ Change Addition GRIMES, SHELIA GZI E. SHPWRECK RO LAWSON. MICHAGL 141 MACK BAYON LOOP STE 302 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BCH \_FL\_32459 SANTA COOR BEACH, FL. 32469 SANTA KOCA

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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED