

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003230

FILED
Apr 17, 2009
Secretary of State

Entity Name: HABITAT FOR HUMANITY OF WALTON COUNTY, FL., INC.

Current Principal Place of Business:

17656 HWY 331 S
FREEPORT, FL 32439 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 506
FREEPORT, FL 32439

New Mailing Address:

FEI Number: 59-3380235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERWIN, SHANNON B
17656 HWY 331 S
FREEPORT, FL 32439 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 () Delete
Name: BROOKSHIRE, HEATHER
Address: 2855 AL HIGHWAY 187
City-St-Zip: WING, AL 36483

Title: BOD () Delete
Name: HENNINGER, LATILOA
Address: P O BOX 337
City-St-Zip: FREEPORT, FL 32439

Title: BOD () Delete
Name: REYNAFARLE, LOUROES
Address: 543 SEACREST DR
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: BOD () Delete
Name: MAE, CAMPBELL
Address: 18 CATAPLA DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DP () Delete
Name: GRANBERRY, MICHAEL
Address: P.O. BOX 4803
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S () Delete
Name: GRIMES, SHELIA
Address: 621 E SHIPWRECK RD
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BROOKSHIRE, HEATHER
Address: P.O. BOX 864
City-St-Zip: FREEPORT, FL 32439

Title: S (X) Change () Addition
Name: HENNINGER, LATILDA
Address: 523 MALLETT BAYOU ROAD
City-St-Zip: FREEPORT, FL 32439

Title: BOD (X) Change () Addition
Name: HART, MARK
Address: 4047 HWY 90 E
City-St-Zip: CRESTVIEW, FL 32536

Title: BOD (X) Change () Addition
Name: PARKER, MATTHEW
Address: 5 WIMBLEDON WAY
City-St-Zip: SHALIMAR, FL 32579

Title: P (X) Change () Addition
Name: GRANBERRY, MICHAEL
Address: P.O. BOX 4803
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: BOD (X) Change () Addition
Name: WALKER, KODY
Address: 176 CONCERT COURT
City-St-Zip: FREEPORT, FL 32439

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHANNON B. ERWIN

Electronic Signature of Signing Officer or Director

E.D.

04/17/2009

_____ Date