2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2010
Secretary of State

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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: BOD
Name: LOCKLEAR, JOHN
Address: C/O CHELCO 1350 BALDWIN AVENUE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: S
Name: HENNINGER, LATILDA
Address: 523 MALLET BAYOU ROAD
City-St-Zip: FREEPORT, FL 32439

Title: VP
Name: HART, MARK
Address: 4047 HWY 90 E
City-St-Zip: CRESTVIEW, FL 32536

Title: PRES
Name: PARKER, MATTHEW
Address: 5 WIMBLEDON WAY
City-St-Zip: SHALIMAR, FL 32579

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

Title: T
Name: WALKER, KODY
Address: 176 CONCERT COURT
City-St-Zip: FREEPORT, FL 32439

I hereby 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 all other like empowered.

SIGNATURE: SHANNON B. ERWIN E.D 01/11/2010

Electronic Signature of Signing Officer or Director Date