

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003230

FILED
Apr 30, 2012
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:

IMDIEKE, TERESA A
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: ED
Name: IMDIEKE, TERESA A
Address: 176 WHISPERING LAKE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: P
Name: HART, GEORGE M
Address: 4047 HWY 90
City-St-Zip: CRESTVIEW, FL 32439

Title: VP
Name: HENRY, MICHAEL
Address: 204 DIAMOND COVE
City-St-Zip: DESTIN, FL 32541

Title: S
Name: HENNINGER, LATILDA
Address: PO BOX 864
City-St-Zip: FREEPORT, FL 32439

Title: T
Name: SMITH, DAN
Address: 39 NEEDLERUSH CIRCLE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: PP
Name: GRANBERRY, MICHAEL
Address: PO BOX 4803
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: TERESA IMDIEKE

ED

04/30/2012

Electronic Signature of Signing Officer or Director

Date