

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90092 047 \*\*\*\*61.25

**DOCUMENT # N99000000091**

1. Entity Name

HABITAT FOR HUMANITY WASHINGTON COUNTY, INC.



Principal Place of Business

808 MAIN ST  
CHIPLEY FL 32428

Mailing Address

808 MAIN ST  
CHIPLEY FL 32428

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

59-3566232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPANGENBERG, TED  
1030 SOUTH BLVD  
CHIPLEY FL 32428

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
NAME JOHNSON, SALLIE  
STREET ADDRESS 1920 MERRY ACRES DR  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE S ☐ Change ☒ Addition  
NAME MICHAEL L. COYLE  
STREET ADDRESS P.O. BOX 26  
CITY-ST-ZIP Chipley, Florida 32428

TITLE P ☐ Delete  
NAME CORBIN, ZENNA  
STREET ADDRESS 1615 OAKGROVE RD  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE UP ☐ Change ☒ Addition  
NAME DAVID W. RIDDLE  
STREET ADDRESS 1514 WES. NELSON RD.  
CITY-ST-ZIP CHIPLEY, FL 32428

TITLE T ☐ Delete  
NAME SPANGENBERG, TED  
STREET ADDRESS 1030 SOUTH BLVD  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME LEE, LYNDALL  
STREET ADDRESS 765 5TH STREET  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME MCCRARY, DEBRA  
STREET ADDRESS 291 TRI-COUNTY RD  
CITY-ST-ZIP GRACEVILLE FL 32440

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850 415-5600

1-30-04 850 638-1190