

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005978

**Entity Name:** HABITAT FOR HUMANITY OF LAKE CITY/COLUMBIA COUNTY, INC.

**FILED**  
**Jan 06, 2023**  
**Secretary of State**  
**4567308079CC**

**Current Principal Place of Business:**

4641 W US HWY 90  
LAKE CITY, FL 32055

**Current Mailing Address:**

PO BOX 487  
LAKE CITY, FL 32056

**FEI Number: 59-3736063**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STUART, PATRICIA B  
4641 W US HWY 90  
LAKE CITY, FL 32055 US

*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: PATRICIA STUART**

**01/06/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name BOYETTE, SALLY  
Address 643 SW LEGION DRIVE  
City-State-Zip: LAKE CITY FL 32024

Title CD  
Name LEE, LARRY  
Address 300 SW SUNUP GLEN  
City-State-Zip: LAKE CITY FL 32024

Title TREASURER  
Name STUART, PATRICIA B  
Address 510 NW KAYLEE GLN  
City-State-Zip: LAKE CITY FL 32055

Title CHAIRMAN  
Name STEPHENS, MONTY  
Address 137 NW BIRDIE PLACE  
City-State-Zip: LAKE CITY FL 32055

*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: PATRICIA B STUART**

**TREASURER**

**01/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date