## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005978

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

INC.

FILED
Jan 15, 2016
Secretary of State
CC0525018283

## **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 01/15/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title SECRETARY Title CD

Name HUGGINS, SALLY Name ROBERT, JORDAN

Address 643 SW LEGION DRIVE Address 934 NE LAKE DE SOTO CIRCLE

City-State-Zip: LAKE CITY FL 32024 City-State-Zip: LAKE CITY FL 32055

Title CHAIRMAN Title CD

Name HUNT, DARRELL Name LECLAIR, PAUL

Address 119 NW ETHAN PLACE Address 127 SW WILSHIRE DRIVE

City-State-Zip: LAKE CITY FL 32055 City-State-Zip: LAKE CITY FL 32024

Title CD Title V

Name LEE, LARRY Name BURNHAM, GEORGE L JR.

Address 300 SW SUNUP GLEN Address 7416 65TH DRIVE

City-State-Zip: LAKE CITY FL 32024 City-State-Zip: LIVE OAK FL 32060

Title TREASURER

Name STUART, PATRICIA B
Address 510 NW KAYLEE GLN
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 STUART

Electronic Signature of Signing Officer/Director Detail

TREASURER

01/15/2016