

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33127

**FILED**  
**Feb 21, 2017**  
**Secretary of State**  
**CC9694350232**

**Entity Name:** HABITAT FOR HUMANITY OF LAKE-SUMTER, FLORIDA, INC.

**Current Principal Place of Business:**

900 MAIN ST, SUITE 210  
THE VILLAGES, FL 32159

**Current Mailing Address:**

900 MAIN ST, SUITE 210  
THE VILLAGES, FL 32159 US

**FEI Number:** 59-2958036

**Certificate of Status Desired:** No

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

LOWMAN, WILLIAM R JR, ESQ.  
SHUFFIELD, LOWMAN & WILSON, P.A.  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 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:** WILLIAM R. LOWMAN, JR.

02/21/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name RAMIREZ, FELIX  
Address 900 MAIN ST, SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR  
Name MAZE, JOHN  
Address 900 MAIN ST, SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR  
Name MILLER, RICK  
Address 900 MAIN ST, SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title DVP  
Name NERON, BILL  
Address 900 MAIN ST, SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title DCEO  
Name ADCOCK, KENT  
Address 900 MAIN ST, SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR  
Name BEUCHER, BUD  
Address 900 MAIN ST, SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR  
Name WHETRO, PAULA  
Address 900 MAIN ST, SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR  
Name LACHNICHET, GERARD  
Address 900 MAIN ST, SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

**Continues on page 2**

*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:** KENT ADCOCK

DIRECTOR, CEO

02/21/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name OLSON, SHERI  
Address 900 MAIN ST, SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR  
Name ZEHNDER, ZACH  
Address 900 MAIN ST, SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title SECRETARY  
Name FARMER, WILLIAM  
Address 900 MAIN ST, SUITE 210  
City-State-Zip: THE VILLAGE FL 32159

Title DIRECTOR  
Name DAVIS, JASON  
Address 900 MAIN ST, SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR  
Name RANKIN, MICHAEL  
Address 900 MAIN ST, SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title TREASURER  
Name CLEMENTS, MISTY  
Address 900 MAIN ST, SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR, PRESIDENT  
Name OWEN, LEE  
Address 900 MAIN ST, SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR  
Name GLASSO, DANTE  
Address 900 MAIN ST, SUITE 210  
City-State-Zip: THE VILLAGES FL 32159