

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N42719

**Entity Name:** HABITAT FOR HUMANITY IN OKALOOSA COUNTY, INC.

**Current Principal Place of Business:**

802 PELHAM RD/CCS ST.  
FORT WALTON BEACH, FL 32547

**Current Mailing Address:**

802 PELHAM RD/CCS ST  
FORT WALTON BEACH, FL 32547 US

**FEI Number: 59-3066029**

**Certificate of Status Desired: No**

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

BENNETT, NITSI CEO  
802 PELHAM RD/CCS ST  
FORT WALTON BEACH, FL 32547 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VC	Title	SECRETARY
Name	BODENSTINE, DEBBIE	Name	PEADRO, ROGER
Address	84 DOLPHIN ST	Address	418 SANDY RIDGE CIRCLE
City-State-Zip:	DESTIN FL 32541	City-State-Zip:	MARY ESHTER FL 32569
Title	CEO	Title	PAST CHAIRMAN
Name	BENNETT, NITSI	Name	PRITCHARD, KATHY
Address	99 EGLIN PARKWAY, SUITE 11	Address	5 CALHOUN AVENUE, #301
City-State-Zip:	FORT WALTON BEACH FL 32548	City-State-Zip:	DESTIN FL 32541
Title	TREASURER	Title	PAST CHAIRMAN
Name	PAGLIARI, EMIL	Name	PRITCHARD, KATHLEEN
Address	P.O. BOX 1900	Address	5 CALHOUN AVENUE #301
City-State-Zip:	FT WALTON BEACH FL 32549	City-State-Zip:	DESTIN FL 32541

*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: NITSI BENNETT**

**CEO**

**10/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date