

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42719

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

**Current Principal Place of Business:**

99 EGLIN PARKWAY  
SUITE 11  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

99 EGLIN PARKWAY  
SUITE 11  
FORT WALTON BEACH, FL 32548

**FEI Number: 59-3066029**

**Certificate of Status Desired: No**

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

BENNETT, NITSI CEO  
99 EGLIN PARKWAY  
SUITE 11  
FORT WALTON BEACH, FL 32548 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 CHAI  
Name HAUGE, MARY  
Address 535 POCAHONTAS DRIVE  
City-State-Zip: FT WALTON BEACH FL 32547

Title VCHA  
Name PRITCHARD, KATHLEEN  
Address 5 CALHOUN AVENUE  
#301  
City-State-Zip: DESTIN FL 32541

Title SEC  
Name HOUSTON, HENRY  
Address P.O. BOX 5466  
City-State-Zip: DESTIN FL 32540

Title TREA  
Name GIBBS, FRANKIE  
Address 7471 LANDERIA DRIVE  
City-State-Zip: NAVARRE FL 32566

Title CEO  
Name BENNETT, NITSI  
Address 99 EGLIN PARKWAY, SUITE 11  
City-State-Zip: FORT WALTON BEACH FL 32548

Title DIRECTOR  
Name COUEY, NED  
Address 112 OVERVIEW DRIVE  
City-State-Zip: CRESTVIEW FL 32539

*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**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date