

**2017 FLORIDA NOT FOR PROFIT CORPORATION 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 CHAIRMAN  
Name BODENSTINE, DEBBIE  
Address 84 DOLPHIN ST  
City-State-Zip: DESTIN FL 32541

Title VC  
Name PEADRO, ROGER  
Address 418 SANDY RIDGE CIRCLE  
City-State-Zip: MARY ESHTER FL 32569

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

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

Title SECRETARY  
Name PAGLIARI, EMIL  
Address P.O. BOX 1900  
City-State-Zip: FT WALTON BEACH FL 32549

Title PAST CHAIRMAN  
Name GIBBS, FRANKIE  
Address 802 PELHAM RD/CCS ST.  
City-State-Zip: FORT WALTON BEACH FL 32547

*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**

**PRESIDENT CEO**

**02/03/2017**

Electronic Signature of Signing Officer/Director Detail

Date