

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

DOCUMENT# N93000000245

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC9651443297**

**Entity Name:** HABITAT FOR HUMANITY OF HERNANDO COUNTY, INC.

**Current Principal Place of Business:**

19450 CORTEZ BLVD.  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

P.O. BOX 15389  
BROOKSVILLE, FL 34604-7717 US

**FEI Number: 59-3192261**

**Certificate of Status Desired: Yes**

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

FOUTS, CLIFFORD BSR.  
19450 CORTEZ BLVD.  
BROOKSVILLE, FL 34601 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 T  
Name BARTLETT, DIANA  
Address 10810 COUNTY LINE RD.  
City-State-Zip: HUDSON FL 34667

Title P  
Name LAMPERT, FRED W  
Address 4396 4TH ISLE DRIVE  
City-State-Zip: HERNANDO BEACH FL 34607

Title VP  
Name CAMPBELL, MARTIN  
Address 312 SOUTH BROOKSVILLE AVE.  
City-State-Zip: BROOKSVILLE FL 34601

Title ED  
Name FOUTS, C. BSR.  
Address 24144 WESTMINSTER CT.  
City-State-Zip: BROOKSVILLE FL 34601-4849

Title S  
Name DUNCAN, SARAH  
Address 5172 MARINER BLVD.  
City-State-Zip: SPRING HILL FL 34609

*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: C. B. FOUTS SR.**

**EXECUTIVE DIRECTOR**

**01/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date