

FILED
Aug 04, 2002 8:00 am
Secretary of State

05-29-2002 93646 012 ****70.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005978

1. Entity Name

HABITAT FOR HUMANITY OF LAKE CITY/COLUMBIA COUNTY, INC.

Principal Place of Business

1822 EAST BAYA STREET
LAKE CITY FL 32025
*678 S. E. Baya Ave
Lake City, FL
32025*

Mailing Address

1822 EAST BAYA STREET
LAKE CITY FL 32025
*678 S. E. Baya Ave
Lake City, FL
32025*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3736063

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANGRUM, DAVID E
3809 SOUTH FIRST STREET
LAKE CITY FL 32035

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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

David E. Mangrum
Signature, typed or printed name of registered agent and fee if applicable

DAVID E. MANGRUM
(NOTE: Registered Agent signature required when remaining)

2-14-02
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President, Chairman Dorothy Stone Rt. 9, Box 578 Lake City, FL 32025</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice-Chairman Tim Atkinson 7 Hillside Dr Lake City, FL 32025</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice-Chairman L. C. Bradley Rt. 7, Box 637 Lake City, FL 32025</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER Robert Curtis 860 TRACY PL LAKE CITY, FL 32025</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Jennifer Bradford Rt. 13, Box 918-9 LAKE CITY, FL 32025</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Committee Chair, Brd. Member Jody Dupree Rt 13, Box 598-7 LAKE CITY, FL 32025</i>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Brd member, Committee Chair Lorric Johns 884 San Juan Pl LAKE CITY 32025</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Br member FRANK GASTARD 228 E. Duval St LAKE CITY, FL 32025</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David E. Mangrum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stator
Date

376-754-9110
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR20037 (9/01)

Attachment

40527



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 24, 2002

HABITAT FOR HUMANITY OF LAKE CITY/COLUMBIA COUNTY, INC.
C/O DOROTHY STONE
ROUTE 8 BOX 578
LAKE CITY, FL 32055

SUBJECT: HABITAT FOR HUMANITY OF LAKE CITY/COLUMBIA COUNTY, INC.

Ref. Number: N01000005978

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To insure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 488-9000.

Division of Corporations

Letter Number: 102A00045102

The address given was correct. It is a
new address issued by the U.S. Postal Service!

They told us to use the new address:

678 S.E. Bayne Ave
Lake City, FL
32025