

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2006
Secretary of State**

DOCUMENT# N01000005978

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

Current Principal Place of Business:

254 SE WOODHAVEN ST
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

PO BOX 487
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-3736063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COBB, BILL
254 SE WOODHAVEN ST
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VCD () Delete
Name: MANGRUM, DAVID E
Address: 634 SW MAY HALL TERRACE
City-St-Zip: LAKE CITY, FL 32025

Title: CD () Delete
Name: COBB, BILL
Address: 254 S.E. WOODHAVEN ST.
City-St-Zip: LAKE CITY, FL 32025

Title: CD () Delete
Name: REYNOLDS, DAVID S
Address: 200 SE MOHAWK WAY
City-St-Zip: LAKE CITY, FL 32025

Title: CD () Delete
Name: LINDSAY, NOAH
Address: P.O. BOX 2423
City-St-Zip: LAKE CITY, FL 32056

Title: D () Delete
Name: DUPREE, JODY
Address: P.O. BOX 2861
City-St-Zip: LAKE CITY, FL 32056

Title: CD () Delete
Name: MORRISON, REV. ROY
Address: 138 S.W. TULIP PLACE
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SCOTT REYNOLDS

CD

04/30/2006

Electronic Signature of Signing Officer or Director

_____ Date