


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90209 003 ****61.25

DOCUMENT # N01000005978

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



Principal Place of Business
**254 SE WOODHAVEN ST
LAKE CITY, FL 32025**

Mailing Address
**PO BOX 487
LAKE CITY, FL 32056**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
393 NW Fairway Dr.

3. Mailing Address
same

City & State
Lake City, FL

City & State
Lake City, FL

Zip
32055

Country
Columbia

Zip
32055

Country

60001174



01082007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent
Name
Barbara J. Lemley

Street Address (P.O. Box Number is Not Acceptable)
393 NW Fairway Drive

City
Lake City

State
FL

Zip Code
32055

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara J. Lemley* DATE **1-9-2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MANGRUM, DAVID E 634 SW MAY HALL TERRACE LAKE CITY, FL 32025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Jerry Sue Fatzinger 506 SW Walter Ave Lake City, FL 32024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD COBB, BILL 254 S.E. WOODHAVEN ST. LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Barbara J. Lemley 393 NW Fairway Drive Lake City, FL 32055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REYNOLDS, DAVID S 200 SE MOHAWK WAY LAKE CITY, FL 32025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Dottie Stone 415 NW 3rd St High Springs, FL 32643 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LINDSAY, NOAH P.O. BOX 2423 LAKE CITY, FL 32056 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPREE, JODY P.O. BOX 2861 LAKE CITY, FL 32056 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MORRISON, REV. ROY 138 S.W. TULIP PLACE LAKE CITY, FL 32025 <input checked="" type="checkbox"/> Delete	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 exemptions contained 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 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 *Barbara J. Lemley* **Barbara J. Lemley** DATE **1-9-07** DAYTIME PHONE # **386 755-0753**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #