


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90961 048 ****61.25

DOCUMENT # N01000008499

1. Entity Name
HABITAT FOR HUMANITY OF CENTRAL PASCO COUNTY, IN C.



Principal Place of Business
**5514 LAND O' LAKES BLVD
LAND O' LAKES FL 34639**

Mailing Address
**5514 LAND O' LAKES BLVD
LAND O' LAKES FL 34639**

11020903



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-3755589**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HITCHCOCK, DONALD R
5514 LAND O' LAKES BLVD
LAND O' LAKES FL 34639**

7. Name and Address of New Registered Agent

Name **Gary Amster**

Street Address (P.O. Box Number is Not Acceptable)
5514 Land O' Lakes Blvd

City **Land O' Lakes** FL Zip Code **34639**

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 *Gary E. Amster* P/C *Gary E. Amster* 4-10-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SEILKOP, CHARLES M	
STREET ADDRESS	1228 DOCKSIDE DR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOLNAR, LOUIS G	
STREET ADDRESS	3712 LAKE JOYCE DR	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	REESE, CHARLIE	
STREET ADDRESS	19907 READING RD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENKINS, JIM	
STREET ADDRESS	9620 TURF DR	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	HITCHCOCK, DON	
STREET ADDRESS	1222 PRISTINE PLACE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	V	<input type="checkbox"/> Delete
NAME	AMSLER, GARY	
STREET ADDRESS	22821 ST THOMAS	
CITY-ST-ZIP	LUTZ FL 33549	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/C Amster, Gary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	22821 St-Thomas Circle	
CITY-ST-ZIP	Lutz, FL 33549	

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: *Gary E. Amster* **REQUIRED** *Gary E. Amster* 4-10-03

CR2E037 (10/02)