

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


1/1

FILED
Feb 12, 2007 8:00 am
Secretary of State

01-16-2007 90262 006 ****70.00

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



Principal Place of Business
**POST OFFICE BOX 2107
 LAND O' LAKES, FL 34639-2107**

Mailing Address
**POST OFFICE BOX 2107
 LAND O' LAKES, FL 34639-2107**

66001101



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01112007 Chg-NP CR2E037 (12/06)

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

**LUTES, PAMELA D
 4111 LAND O LAKES BLVD., STE 302-D
 LAND O LAKES, FL 34639**

7. Name and Address of New Registered Agent

Name
SHELTON, MARK

Street Address (P.O. Box Number is Not Acceptable)
**1519 DALE MABRY HIGHWAY
 SUITE 100**

City
LUTZ FL Zip Code
33548

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 **MARK SHELTON** DATE **JANUARY 12, 2007**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TRIPP, DOUGLAS POST OFFICE BOX 2468 LAND O' LAKES, FL 346392468 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SHELTON, MARK 1519 DALE MABRY HIGHWAY, SUITE 100 LUTZ, FL 33548 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SHREWSBURY, FRANCIS L 21525 TRUMPETER DRIVE LAND O' LAKES, FL 346394449 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHELTON, MARK 1519 DALE MABRY HIGHWAY, SUITE 100 LUTZ, FLORIDA 33548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GAILIT, RANDY 22709 NEFF COURT LAND O' LAKES, FLORIDA 34639 <input checked="" 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
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: **Francis Laurence Shrewsbury** FRANCIS LAURENCE SUREWSBURY 01/12/07 813 929 8800

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