

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 07, 2009
Secretary of State**

DOCUMENT# N01000008499

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

Current Principal Place of Business:

POST OFFICE BOX 2107
LAND O' LAKES, FL 346392107

New Principal Place of Business:

1519 DALE MABRY HWY
LUTZ, FL 33548

Current Mailing Address:

POST OFFICE BOX 2107
LAND O' LAKES, FL 346392107

New Mailing Address:

FEI Number: 59-3755589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELTON, MARK
1519 DALE MABRY HWY
STE 100
LUTZ, FL 33548 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: P () Delete
Name: SHELTON, MARK
Address: 1519 DALE MABRY HWY STE 100
City-St-Zip: LUTZ, FL 33548

Title: S () Delete
Name: GAILIT, RANDY
Address: 22709 NEFF CT
City-St-Zip: LAND O LAKES, FL 34639

Title: TR () Delete
Name: SHREWSBURY, FRANCIS L
Address: 21525 TRUMPETER DRIVE
City-St-Zip: LAND O' LAKES, FL 346394449

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: SHELTON, MARK
Address: 1519 DALE MABRY HWY STE 100
City-St-Zip: LUTZ, FL 33548

Title: TR (X) Change () Addition
Name: GAILIT, RANDY
Address: 17915 SAILFISH DRIVE
City-St-Zip: LUTZ, FL 33558

Title: P (X) Change () Addition
Name: COLEMAN, DANNY
Address: 9426 LAZY LANE # 105
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify 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: RANDY GAILIT

TR

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date