

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004286

FILED
Jan 06, 2012
Secretary of State

Entity Name: HABITAT FOR HUMANITY OF FRANKLIN COUNTY FLORIDA, INCORPORATED

Current Principal Place of Business:

192 14TH STREET
APALACHICOLA, FL 32320

New Principal Place of Business:

22 AVENUE E
APALACHICOLA, FL 32320

Current Mailing Address:

P. O. BOX 373
EASTPOINT, FL 32328

New Mailing Address:

FEI Number: 38-3672119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANKS, KRISTA B ESQ
171 HIGHWAY 98
SUITE A
EASTPOINT, FL 323278 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: DT
Name: GAY, DONNIE
Address: 274 NORTH BAYSHORE DR.
City-St-Zip: EASTPOINT, FL 32328 US

Title: D
Name: FRINK, SKIP
Address: 1859 WEST HWY 98
City-St-Zip: CARRABELLE, FL 32322 US

Title: DP
Name: ASHLEY, PAMELA A
Address: 153 RIO VISTA DRIVE
City-St-Zip: SOPCHOPPY, FL 32358 US

Title: D
Name: BROWN, MAX M
Address: 25 INDIAN MOUND DRIVE
City-St-Zip: EASTPOINT, FL 32328 US

Title: DVP
Name: RUSS, CORA L
Address: 198 5TH STREET
City-St-Zip: APALACHICOLA, FL 32320 US

I hereby 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 all other like empowered.

SIGNATURE: DONNIE GAY

DT

01/06/2012

Electronic Signature of Signing Officer or Director

Date