2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004286

Apr 28, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

248 US HWY 98 SUITE 106

EASTPOINT, FL 32328

New Mailing Address: Current Mailing Address:

P. O. BOX 373 SUITE 3

EASTPOINT, FL 32328

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUZZETT, WILLIAM A 100 BECHRICH ROAD SUITE 200

PANAMA CITY BEACH, FL 32407 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BROWN, MAX BUTLER, CLIFF Name: Name: 218 BOBBY CATO ROAD Address: 145 NORTH BAYSHORE DR. Address:

APALACHICOLA, FL 32320 City-St-Zip: City-St-Zip: EASTPOINT, FL 32328 US

Title: Title: () Delete (X) Change () Addition ASHLEY, DON Name: FRINK, SKIP Name:

Address: **RIO VISTA** Address: 1859 WEST HWY 98 City-St-Zip: SOPCHOPPY, FL 32358 City-St-Zip: CARRABELLE, FL 32322 US

Title: () Delete Title: DS (X) Change () Addition

RUSS, CORA NEEL, CINDY Name: Name: Address: 198-5TH STREET Address: 2400 HWY 67

APALACHICOLA, FL 32320 City-St-Zip: City-St-Zip: CARRABELLE, FL CARRABELL US

Title: () Delete Title: D (X) Change () Addition SINK, JOHN Name: DAY, ROBERT L Name:

573 EAST GULF BEACH DRIVE Address: Address: 112 LAS BRISAS WAY EASTPOINT, FL 32328 US City-St-Zip: ST. GEORGE ISLAND, FL 32328 City-St-Zip:

Title: DST () Delete Title: (X) Change () Addition

BUTLER, CLIFF GRIFFIN, GARY Name: Name:

145 NORTH BAYSHORE DRIVE 258 NORTH BAYSHORE DRIVE Address: Address: City-St-Zip: EASTPOINT, FL 32328 City-St-Zip: EASTPOINT, FL 32328 US

Title: () Delete Title: (X) Change () Addition

FRINK, SKIP BOND FILA Name: Name: Address: 1859 W HWY 98 Address: 210 AVENUE E

APALACHICOLA, FL 32320 US CARRABELLE, FL 32322 City-St-Zip: City-St-Zip:

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: CLIFF BUTLER Ρ 04/28/2008