## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000002396

FILED Jul 12, 2006 Secretary of State

Entity Name: HABITAT FOR HUMANITY OF GULF COUNTY, INCORPORATED

Current Principal Place of Business:	New Principal Place of Business:
P.O. BOX 675 PORT ST. JOE., FL 32456	
Current Mailing Address:	New Mailing Address:
P.O. BOX 675 PORT ST. JOE., FL 32456	
n accordance with s. 607.193(2)(b), F.S., the corporation did not receiv	•
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
HUIE, POLLYANNA 301 E. 1ST STREET PORT ST. JOE., FL 32456 US	MAGIDSON, JR., MEL C 528 6TH STREET PORT ST. JOE., FL 32456 US
The above named entity submits this statement for the purpose n the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: MEL MAGIDSON JR.	07/12/2006
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: D () Delete  Name: MELVIN, TRACY  Address: 507 C 7TH STREET  City-St-Zip: PORT ST. JOE., FL 32456	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Fitle: ( ) Delete Name: Address: City-St-Zip:	Title: D ( ) Change (X) Addition Name: MAGIDSON, JR., MEL C Address: 528 6TH STREET City-St-Zip: PORT ST. JOE, FL 32456 US
Fitle: ( ) Delete Name: Address: City-St-Zip:	Title: D ( ) Change (X) Addition Name: ALSOBROOK, GAIL Address: 4550 WEST HWY. 98 City-St-Zip: PORT ST. JOE, FL 32456 US
Fitle: ( ) Delete Name: Address: City-St-Zip:	Title: D ( ) Change (X) Addition Name: DAVIDSON, ERIC Address: 4550 WEST HWY. 98 City-St-Zip: PORT ST. JOE, FL 32456 US
Fitle: ( ) Delete Name: Address: City-St-Zip:	Title: D ( ) Change (X) Addition Name: BLACK, DANA Address: 704 NAUTILUS DR. City-St-Zip: PORT ST., JOE, FL 32456 US
Fitle: ( ) Delete	Title: D ( ) Change (X) Addition Name: BLODEN, DANNIE

I hereby certify that the information supplied with this filing does not qualify for the 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: MEL MAGIDSON JR. D 07/12/2006