2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002396

FILED May 01, 2007 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 (PORT ST.	975 JOE., FL 32456	528 6TH STRE PORT ST. JOE	
Current Mailing Address:		New Mailing Address:	
P.O. BOX 6 PORT ST.	375 JOE., FL 32456	P.O. BOX 675 PORT ST. JOE	., FL 32456 US
n accordanc	ce with s. 607.193(2)(b), F.S., the corporation did not receive	=	
Name and	Address of Current Registered Agent:	Name and Add	lress of New Registered Agent:
528 6TH S	N, JR., MEL C TREET JOE., FL 32456 US		
	named entity submits this statement for the purpose of Florida.	of changing its re	gistered office or registered agent, or both,
SIGNATUF	RE:		
	Electronic Signature of Registered Agent		Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CI	HANGES TO OFFICERS AND DIRECTORS:
Fitle: Name: Address: Dity-St-Zip:	D () Delete MELVIN, TRACY 507 C 7TH STREET PORT ST. JOE., FL 32456	Title: Name: Address: City-St-Zip:	() Change () Addition
itle: lame: lddress: Dity-St-Zip:	D () Delete MAGIDSON, JR., MEL C 528 6TH STREET PORT ST. JOE, FL 32456 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: Dity-St-Zip:	D () Delete ALSOBROOK, GAIL 4550 WEST HWY. 98 PORT ST. JOE, FL 32456 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: Dity-St-Zip:	D () Delete DAVIDSON, ERIC 4550 WEST HWY. 98 PORT ST. JOE, FL 32456 US	Title: Name: Address: City-St-Zip:	() Change () Addition
			() 01 () 0-1-111:
lame: \ddress:	D () Delete BLACK, DANA 704 NAUTILUS DR. PORT ST., JOE, FL 32456 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BLACK, DANA 704 NAUTILUS DR.	Name: Address: City-St-Zip: Title: Name: SCH Address: 109	() Change () Addition (X) Change () Addition WEERS, JOHN HIDDEN RIDGE RD. RT ST. JOE, FL 32456 US

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: MEL MAGIDSON JR. D 05/01/2007