


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90203 001 ****61.25

DOCUMENT # N05000002396					
1. Entity Name HABITAT FOR HUMANITY OF GULF COUNTY, INCORPORATED					
Principal Place of Business 528 6TH STREET PORT ST. JOE., FL 32456 US			Mailing Address P.O. BOX 675 PORT ST. JOE., FL 32456 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-2250083	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAGIDSON, JR., MEL C 528 6TH STREET PORT ST. JOE., FL 32456			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELVIN, TRACY		NAME	Joan Cleckley	
STREET ADDRESS	507 C 7TH STREET		STREET ADDRESS	529 Cecil G. Costin Sr. Blvd.	
CITY-ST-ZIP	PORT ST. JOE., FL 32456		CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGIDSON, JR., MEL C		NAME	Keith L. Jones	
STREET ADDRESS	528 6TH STREET		STREET ADDRESS	411 Reid Avenue	
CITY-ST-ZIP	PORT ST. JOE, FL 32456		CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALSOBROOK, GAIL		NAME	Mae Fulcher	
STREET ADDRESS	4550 WEST HWY. 98		STREET ADDRESS	1001 Constitution Drive	
CITY-ST-ZIP	PORT ST. JOE, FL 32456		CITY-ST-ZIP	Port St. Joe, FL 32456	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIDSON, ERIC		NAME	Steve Matincheck	
STREET ADDRESS	4550 WEST HWY. 98		STREET ADDRESS	P.O. Box 13594	
CITY-ST-ZIP	PORT ST. JOE, FL 32456		CITY-ST-ZIP	Mexico Beach, FL 32410	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, DANA		NAME		
STREET ADDRESS	704 NAUTILUS DR.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST., JOE, FL 32456		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEERS, JOHN		NAME		
STREET ADDRESS	109 HIDDEN RIDGE RD.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE, FL 32456		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Keith L. Jones, CPA</i>			Date: <i>3/1/08</i> Daytime Phone #: <i>(850) 229-1070</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					