

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002396

FILED  
Aug 19, 2009  
Secretary of State

Entity Name: HABITAT FOR HUMANITY OF GULF COUNTY, INCORPORATED

**Current Principal Place of Business:**

528 6TH STREET  
PORT ST. JOE., FL 32456 US

**New Principal Place of Business:**

529 CECIL G COSTIN BLVD  
PORT ST. JOE., FL 32456 US

**Current Mailing Address:**

P.O. BOX 675  
PORT ST. JOE., FL 32456 US

**New Mailing Address:**

529 CECIL G COSTIN BLVD  
PORT ST. JOE., FL 32456 US

FEI Number: 35-2250083      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MAGIDSON, JR., MEL C  
528 6TH STREET  
PORT ST. JOE., FL 32456 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: D      ( ) Delete  
Name: CLECKLEY, JOAN  
Address: 529 CECIL G COSTIN ST BLVD  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D      ( ) Delete  
Name: MAGIDSON, JR., MEL C  
Address: 528 6TH STREET  
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: D      (X) Delete  
Name: JONES, KEITH L  
Address: 411 REID AVE  
City-St-Zip: PORT SAINT JOE, FL 32456 US

Title: D      (X) Delete  
Name: FULCHER, MAC  
Address: 1001 CONSTITUTION DR  
City-St-Zip: PORT SAINT JOE, FL 32456 US

Title: D      (X) Delete  
Name: MATINCHECK, STEVE  
Address: POB 13594  
City-St-Zip: MEXICO BEACH, FL 32410 US

Title: D      (X) Delete  
Name: SCHWEERS, JOHN  
Address: 109 HIDDEN RIDGE RD.  
City-St-Zip: PORT ST. JOE, FL 32456 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: JOAN CLECKLEY

D

08/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date