

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010325

**Entity Name:** HABITAT FOR HUMANITY LAKE-SUMTER FOUNDATION, INC.

**FILED**  
**Apr 03, 2024**  
**Secretary of State**  
**3886320795CC**

**Current Principal Place of Business:**

906 AVENIDA CENTRAL  
THE VILLAGES, FL 32159

**Current Mailing Address:**

906 AVENIDA CENTRAL  
THE VILLAGES, FL 32159 US

**FEI Number:** 47-2312472

**Certificate of Status Desired:** Yes

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

LOWMAN, WILLIAM R. JR., ESQ.  
SHUFFIELD, LOWMAN & WILSON, PA  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 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:** WILLIAM R. LOWMAN, JR., ESQ.

04/03/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE, SECRETARY, DIRECTOR  
Name MILLER, SUSAN  
Address 270 E. LAKEVIEW STREET  
City-State-Zip: UMATILLA FL 32784

Title TRUSTEE, DIRECTOR  
Name CAMPBELL, CHRISTINA  
Address 1028 LAKE SUMTER LANDING  
City-State-Zip: THE VILLAGES FL 32162

Title SECRETARY  
Name CARTER, ZE  
Address 906 AVENIDA CENTRAL  
City-State-Zip: THE VILLAGES FL 32159

Title VC  
Name WEBER, BRAD  
Address 906 AVENIDA CENTRAL  
City-State-Zip: THE VILLAGES FL 32159

Title TREASURER  
Name HAWKINS, JORDAN  
Address 906 AVENIDA CENTRAL  
City-State-Zip: THE VILLAGES FL 32159

Title VC  
Name OWEN, LEE  
Address 906 AVENIDA CENTRAL  
City-State-Zip: THE VILLAGES FL 32159

Title OFFICER  
Name THOMAS, DIANE  
Address 906 AVENIDA CENTRAL  
City-State-Zip: THE VILLAGES FL 32159

Title OFFICER  
Name TIBBALS, GAIL  
Address 906 AVENIDA CENTRAL  
City-State-Zip: THE VILLAGES FL 32159

*I hereby 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 all other like empowered.*

**SIGNATURE:** DIANE THOMAS

OFFICER

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date