

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010325

**FILED**  
**Mar 24, 2016**  
**Secretary of State**  
**CC0749900571**

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

**Current Principal Place of Business:**

900 MAIN STREET, SUITE 201  
THE VILLAGES, FL 32162

**Current Mailing Address:**

900 MAIN STREET, SUITE 201  
THE VILLAGES, FL 32162

**FEI Number:** 47-2312472

**Certificate of Status Desired:** No

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

LOWMAN, WILLIAM R JR.  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name DAVIS, JASON A  
Address 545 W. MAIN STREET  
City-State-Zip: TAVARES FL 32778

Title DIRECTOR, TREASURER  
Name YARBROUGH, KATHY  
Address 2722 BURLEIGH BLVD  
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR  
Name RAMIREZ, FELIX  
Address 900 MAIN ST STE 210  
City-State-Zip: THE VILLAGES FL 32159

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

Title DIRECTOR, VP  
Name LACHNICHT, GERARD  
Address 1060 LAKE SUMTER LANDING  
City-State-Zip: THE VILLAGES FL 32162

*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:** JASON A. DAVIS

**PRESIDENT**

**03/24/2016**

Electronic Signature of Signing Officer/Director Detail

Date