FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:07

DOCUMENT # N33127 (4)

1. Corporation Name

HABITAT FOR HUMANITY OF LAKE COUNTY, FLORIDA, IN C.

Principal Place of Business	Mailing Address
% WANDA KOHN 200 NORTH LONE OAK DRIVE LEESBURG FL 34748	% WANDA KOHN 200 NORTH LONE OAK DRIVE LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1989
3a. Date of Last Report: 05/27/1994
4. FEI Number: 59-2958036 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 200 North Lone Oak Dr.	26 200 North Lone Oak Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Leesburg, FL	28 Leesburg, FL
24 Zip 34748 / 25 Country Lake	29 Zip 34748 / 30 Country Lake

9. Name and Address of Current Registered Agent

KOHN, WANDA
04317 EMMAUS RD
FRUITLAND PARK FL 34731

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~VD~~	1.1 TITLE	VD ☒ Change ☐ Addition
NAME	~~LAWSON, PAT~~	1.2 NAME	Patterson, Nancy L.
STREET ADDRESS	~~04353 EMMAUS RD~~	1.3 STREET ADDRESS	1206 La Paloma Place
CITY-ST-ZIP	~~FRUITLAND PARK FL~~	1.4 CITY-ST-ZIP	Lady Lake, FL 32159
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, RICH	2.2 NAME	
STREET ADDRESS	35911 LAKE UNITY NURSERY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	DIXSON, BRUCE	3.2 NAME	
STREET ADDRESS	2200 JOBBINS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy L Patterson 3/8/95 904-728-5655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0088174