

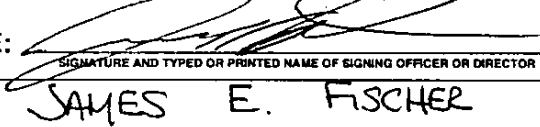


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90180 006 ****61.25

DOCUMENT # N33127 1. Entity Name HABITAT FOR HUMANITY OF LAKE COUNTY, FLORIDA, INC.			
Principal Place of Business 502 THOMAS AVENUE LEESBURG, FL 34748 US		Mailing Address 502 THOMAS AVENUE LEESBURG, FL 34748 US	
2. Principal Place of Business 710 S. BAY STREET Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 186 Suite, Apt. #, etc.	
City & State EUSTIS, FL Zip 32726 Country U.S.		City & State EUSTIS, FL 32727 Zip 32727-0186 Country U.S.	
4. FEI Number 59-2958036		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISCHER, JIM 502 THOMAS AVENUE LEESBURG, FL 34748		7. Name and Address of New Registered Agent Name: JAMES E. FISCHER Street Address (P.O. Box Number is Not Acceptable) 710 S. BAY STREET City: EUSTIS FL Zip Code: 32726	
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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: 4-5-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	PD TYNER, JAMES 608 SOUTH MAIN AVE #19 CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TYNER, JAMES 608 SOUTH MAIN ST. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FEULNER, DONALD J 3904 WESTERHAM DRIVE CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SUSAN THOMAS 3235-A US HWY 27/411 FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANE, JOHN 790 ANDERSON DRIVE TAVARES, FL 32778	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GAIL BURGESS 2243 CALLAWAY DRIVE THE VILLAGES, FL 32162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BROWN, ANGELA E 26934 RACQUET CIRCLE LEESBURG, FL 34748	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RAYNARD TAYLOR 22115 CR 41A EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POLING, BRIAN 9009 HEATHLAND COURT MOUNT DORA, FL 32757	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JAMES E. FISCHER		Date: Daytime Phone #: 352-983-0139	

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02142005 Chg-NP CR2E037 (10/03)