2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33127

FILED Feb 07, 2007 Secretary of State

Entity Name: HABITAT FOR HUMANITY OF LAKE COUNTY, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

710 S BAY STREET EUSTIS, FL 32726 US

Current Mailing Address: New Mailing Address:

P O BOX 186

EUSTIS, FL 32727 US

FEI Number: 59-2958036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FISCHER, JAMES E 710 S BAY ST

EUSTIS, FL 32726 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:

Flacture Complete of Davidson I Asset

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 THOMAS, SUSAN
 Name:
 GOODGAME, EDWIN

 Address:
 3235 A US HWY 27/441
 Address:
 2118 SAINT IVES COURT

 City-St-Zip:
 FRUITLAND PARK, FL 34731
 City-St-Zip:
 CLERMONT, FL 34711

Title: VD () Delete Title: VD (X) Change () Addition Name: GOODGAME, EDWIN Name: TAYLOR, RAYNARD

 Address:
 2118 SAINT IVES COURT
 Address:
 22115 CR 44A

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 EUSTIS, FL 32726

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 ZOLLER, DUANE
 Name:
 JOHNSON, LEE

 Address:
 295 DIVISION STREET
 Address:
 1612 CANAL COURT

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 TAVARES, FL 32778

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 TAYLOR, RAYNARD
 Name:
 TEDDER, BONNIE

 Address:
 22115 CR 44A
 Address:
 2108 DOGWOOD CIRCLE

 City-St-Zip:
 EUSTIS, FL 32726
 City-St-Zip:
 MT. DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES E. FISCHER CEO 02/07/2007