

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33127

FILED
Jan 29, 2008
Secretary of State

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

Current Principal Place of Business:

710 S BAY STREET
EUSTIS, FL 32726 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 186
EUSTIS, FL 32727 US

New Mailing Address:

FEI Number: 59-2958036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISCHER, JAMES E
710 S BAY ST
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

JOHNSON, CHARLES D
907 WEBSTER STREET
LEESBURG, FL 34748 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: CHARLES D. JOHNSON

01/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOODGAME, EDWIN
Address: 2118 SAINT IVES COURT
City-St-Zip: CLERMONT, FL 34711

Title: VD () Delete
Name: TAYLOR, RAYNARD
Address: 22115 CR 44A
City-St-Zip: EUSTIS, FL 32726

Title: SD () Delete
Name: JOHNSON, LEE
Address: 1612 CANAL COURT
City-St-Zip: TAVARES, FL 32778

Title: TD () Delete
Name: TEDDER, BONNIE
Address: 2108 DOGWOOD CIRCLE
City-St-Zip: MT. DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EDWIN GOODGAME

P

01/29/2008

Electronic Signature of Signing Officer or Director

Date