

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33127

Entity Name: HABITAT FOR HUMANITY OF LAKE-SUMTER, FLORIDA, INC.**Current Principal Place of Business:**1806 S BAY STREET
EUSTIS, FL 32726**Current Mailing Address:**PO BOX 186
EUSTIS, FL 32727 US**FEI Number:** 59-2958036**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOWMAN, WILLIAM R JR, ESQ.
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:** WILLIAM R. LOWMAN, JR.

01/30/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, CEO
Name ADCOCK, KENT
Address PO BOX 186
City-State-Zip: EUSTIS FL 32727

Title DIRECTOR, PRESIDENT
Name HAWKINS, TIMOTHY
Address P.O. BOX 186
City-State-Zip: EUSTIS FL 32727

Title DIRECTOR, TREASURER
Name HARRISON, JOHN
Address P.O. BOX 186
City-State-Zip: EUSTIS FL 32727

Title DIRECTOR, SECRETARY
Name FARMER, WILLIAM
Address P.O. BOX 186
City-State-Zip: EUSTIS FL 32727

Title DIRECTOR, VP
Name RAMIREZ, FELIX
Address P.O. BOX 186
City-State-Zip: EUSTIS FL 32727

Title DIRECTOR
Name DAVIS, JASON
Address PO BOX 186
City-State-Zip: EUSTIS FL 32727

Title DIRECTOR
Name ZELNICK, SANFORD
Address PO BOX 186
City-State-Zip: EUSTIS FL 32727

Title DIRECTOR
Name BEUCHER, BUD
Address PO BOX 186
City-State-Zip: EUSTIS FL 32727

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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: KENT ADCOCK

CEO

01/30/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BENNETT, LINDA
Address PO BOX 186
City-State-Zip: EUSTIS FL 32727

Title DIRECTOR
Name WHITNEY, JARET
Address PO BOX 186
City-State-Zip: EUSTIS FL 32727

Title DIRECTOR
Name OWEN, LEE
Address PO BOX 186
City-State-Zip: EUSTIS FL 32727

Title DIRECTOR
Name MOJOCK, CATHERINE
Address PO BOX 186
City-State-Zip: EUSTIS FL 32727