

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33127

**Entity Name:** HABITAT FOR HUMANITY OF LAKE-SUMTER, FLORIDA, INC.**Current Principal Place of Business:**900 MAIN ST  
SUITE 210  
THE VILLAGES, FL 32159**Current Mailing Address:**900 MAIN ST  
SUITE 210  
THE VILLAGES, FL 32159 US**FEI Number:** 59-2958036**Certificate of Status Desired:** Yes**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.

03/16/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PAST PRESIDENT  
Name RAMIREZ, FELIX  
Address 900 MAIN ST STE 210  
City-State-Zip: THE VILLAGES FL 32159

Title D  
Name MAZE, JOHN  
Address 900 MAIN ST  
SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title D  
Name MILLER, RICK  
Address 900 MAIN ST  
SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title DVP  
Name NERON, BILL  
Address 900 MAIN ST  
SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title DCEO  
Name ADCOCK, KENT  
Address 900 MAIN ST  
SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title D  
Name BEUCHER, BUD  
Address 900 MAIN ST  
SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title D  
Name WHITNEY, JARET  
Address 900 MAIN ST  
SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title D  
Name LACHNICHET, GERARD  
Address 900 MAIN ST  
SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

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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

03/16/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name OLSON, SHERI  
Address 900 MAIN ST  
SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title D  
Name ZEHNDER, ZACH  
Address 900 MAIN ST  
SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title S  
Name FARMER, WILLIAM  
Address 900 MAIN ST STE 210  
City-State-Zip: THE VILLAGE FL 32159

Title D  
Name DAVIS, JASON  
Address 900 MAIN ST  
SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title D  
Name REYES, JOE  
Address 900 MAIN ST  
SUITE 210  
City-State-Zip: THE VILLAGES FL 32159

Title T  
Name CLEMENTS, MISTY  
Address 900 MAIN ST STE 210  
City-State-Zip: THE VILLAGES FL 32159

Title DP  
Name OWEN, LEE  
Address 900 MAIN ST STE 210  
City-State-Zip: THE VILLAGES FL 32159