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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33127** **(4)**

1. Corporation Name

HABITAT FOR HUMANITY OF LAKE COUNTY, FLORIDA, IN C.

Principal Place of Business	Mailing Address
% WANDA KOHN 200 NORTH LONE OAK DRIVE LEESBURG FL 34748	% WANDA KOHN 200 NORTH LONE OAK DRIVE LEESBURG FL 34748-4715

3. Date Incorporated or Qualified: 07/03/1989
3a. Date of Last Report: 03/03/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2958036 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KOHN, WANDA
04317 EMMAUS RD
FRUITLAND PARK FL 34731

10. Name and Address of New Registered Agent

81 Name: Margaret McNinch
82 Street Address (P.O. Box Number is Not Acceptable): 717 Truman Avenue
83: Lady Lake, FL 32159
84 City: Lady Lake **FL** 85 Zip Code: 32159

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Margaret McNinch Executive Director 4/4/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	PATTERSON, NANCY L		1.2 NAME	Gey, Brenda	
STREET ADDRESS	1206 LA PALONA PLACE		1.3 STREET ADDRESS	15211 Vinola Place	
CITY-ST-ZIP	LADY LAKE FL 32159		1.4 CITY-ST-ZIP	Montverde, FL 34756	
TITLE	VPD	☐ DELETE	2.1 TITLE	Andrews, Liz VPD	☐ Change ☒ Addition
NAME	MCNINCH, MARGARET		2.2 NAME		
STREET ADDRESS	717 TRUMAN AVENUE		2.3 STREET ADDRESS	18 E. Bay Avenue	
CITY-ST-ZIP	LADY LAKE FL 32159		2.4 CITY-ST-ZIP	Yalaha, FL 34795	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	BRIGGS, JAMES		3.2 NAME	Haub, John	
STREET ADDRESS	6855 GREEN SWAMP ROAD		3.3 STREET ADDRESS	305 Juanez Way	
CITY-ST-ZIP	CLERMONT FL 34711		3.4 CITY-ST-ZIP	Lady Lake, FL 32159	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	GEY, BRENDA		4.2 NAME	Munch, Dot	
STREET ADDRESS	15211 VINOLA PLACE		4.3 STREET ADDRESS	405 W. Minnon Lake Drive	
CITY-ST-ZIP	MONTVERDE FL 34756		4.4 CITY-ST-ZIP	Fruitland Park, FL 34731	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brenda B. Gey 4/11/97 352 728-5655