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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N33127

1. Corporation Name

HABITAT FOR HUMANITY OF LAKE COUNTY, FLORIDA, INC.

Principal Place of Business

Mailing Address

200 NORTH LONE OAK DR
 LEESBURG FL 34748
 US

200 N LONE OAK DR
 LEESBURG FL 34748
 US

9 4470 90060 28



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/03/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-2958036

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCNICH, MARGARET
 300 N OLD WIRE RD
 WILDWOOD FL 34785

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 ☒ DELETE
 NAME VD
 STREET ADDRESS TYNER, JAMES
 CITY-ST-ZIP 608 S MAIN AVE #19
 CLERMONT FL 34711

1.1 TITLE ☐ Change ☒ Addition
 1.2 NAME PD
 1.3 STREET ADDRESS Corbin, Ivan
 1.4 CITY-ST-ZIP 201 College Avenue
 Fruitland Park, FL 34731

TITLE ☐ DELETE
 NAME M
 STREET ADDRESS MCNINCH, MARGARET
 CITY-ST-ZIP 300 N OLD WIRE RD
 WILDWOOD FL 34785

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE ☒ DELETE
 NAME TD
 STREET ADDRESS BHATIA, ALPA
 CITY-ST-ZIP 404 CLUSTERWOOD DR
 YALAH FL 34797

3.1 TITLE ☐ Change ☒ Addition
 3.2 NAME TD
 3.3 STREET ADDRESS Poling, Brian
 3.4 CITY-ST-ZIP 9009 Heathland Court
 Mount Dora, FL 32757

TITLE ☒ DELETE
 NAME SD
 STREET ADDRESS MURCH, DOT
 CITY-ST-ZIP 405 W MIRROR LAKE DR
 FRUITLAND PARK FL 34731

4.1 TITLE ☐ Change ☒ Addition
 4.2 NAME SD
 4.3 STREET ADDRESS Edwards, Marian B.
 4.4 CITY-ST-ZIP 318 Nebraska avenue
 Leesburg, FL 34748

TITLE ☐ DELETE
 NAME PD
 STREET ADDRESS ANDREWS, LIZ
 CITY-ST-ZIP 18 E BAY AVENUE
 YALAH FL 34797

5.1 TITLE ☒ Change ☐ Addition
 5.2 NAME VD
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Margaret McNinch* SIGNATURE REQUIRED Margaret McNinch Executive Director 1-12-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)