

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90102 020 ****70.00

DOCUMENT # N39488					
1. Entity Name HABITAT FOR HUMANITY OF SUMTER COUNTY, FLORIDA, INC.					
Principal Place of Business 6761 CR 149 WILDWOOD FL 34785			Mailing Address PO BOX 445 WILDWOOD FL 34785 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3025224	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARKINS, LAVON 1386 HWY. 301-SOUTH WILDWOOD FL 34785			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW- FEE IS \$61.25 Due By May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
			Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	EX. HARKINS, LAVON	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	1386 HWY. 301-SOUTH SUMTERVILLE FL 33585		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	PD GOODWIN, HENRY M	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	PO BOX 1220 LAKE PANASOFFKEE FL 33538		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	SD MURPHY, GLORIA	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	712 STANLEY AVE WILDWOOD FL 34785		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	VD BRUNER, DALE	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	5922 E CR 470 SUMTERVILLE FL 33585		STREET ADDRESS CITY-ST-ZIP	PD	
TITLE NAME	TD HAMBRICK, AVON	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 444 WILDWOOD FL 34785		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lavon Harkins* 02/15/06 352-330-0881