

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 (CORPORATION WILL BE DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N39488 (4)

1. Corporation Name
 HABITAT FOR HUMANITY OF SUMTER COUNTY, FLORIDA, INC.



Principal Place of Business: P.O. BOX 445 COLEMAN FL 33521
 Mailing Address: P.O. BOX 445 COLEMAN FL 33521

3. Date Incorporated or Qualified: 06/13/1990
 3a. Date of Last Report: 07/10/1995

2. Principal Place of Business: 21 Suite, Apt. #, etc.
 2a. Mailing Address: 26 P O Box 303
 22 City & State: 27 Lady Lake, FL
 23 Zip: 24 32158 Country: 25 Country: 29 Lady Lake 30

4. FEI Number: 59-3025224 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
 THIELMAN, ELEANOR
 21 GOLDFIEW TAIL
 WILDWOOD FL 34785

10. Name and Address of New Registered Agent
 81 Name: Cordella Faye Rice
 82 Street Address (P.O. Box Number is Not Acceptable): 4114 C-East Hwy 468
 83 City: Wildwood FL 85 Zip Code: 34785

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: Cordella Faye Rice - President
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LAWSON, MICHELLE	
STREET ADDRESS	113 HOGAN LOOP	
CITY - ST - ZIP	WILDWOOD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHRISTENSON, CHRIS	
STREET ADDRESS	51 N BOBWHITE RD	
CITY - ST - ZIP	WILDWOOD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LEDFORD, RICHARD	
STREET ADDRESS	3118 N US 301	
CITY - ST - ZIP	WILDWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	EVERETT, MOLLY	
STREET ADDRESS	P O BOX 1846 NA	
CITY - ST - ZIP	BUSHNELL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARROLL, JUDY	
STREET ADDRESS	PO BOX 303 NA	
CITY - ST - ZIP	LADY LAKE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD Cordella Faye Rice
1.3 STREET ADDRESS	4114 C-East Hwy 468
1.4 CITY - ST - ZIP	Wildwood, FL 34785
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SO Marilyn Rodgers
4.3 STREET ADDRESS	2646 CA 230
4.4 CITY - ST - ZIP	Wildwood FL 34785
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Cordella Faye Rice, President 6/19/96 352.748.5237
 Signature, typed or printed name of signing officer or director Date Daytime Phone #
 Cordella Faye Rice 0011467

CR2E037 (3/96)