

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N39488

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 303 LADY LAKE FL 32158 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/13/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	P.O. Box 445	59-3025224	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28	Wildwood, FL	\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29	34785	30	
Country		Country		\$5.00 May Be Added to Fees	
25		30	US		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
CORDELLA, FAYE RICE 4114-C EAST HWY 468 WILDWOOD FL 34785				81	Name			Alberta Bugbee
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83	803 Carol St.			
				84	City	Wildwood	FL	85

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				(NOTE: Registered Agent signature required when reinstating)				DATE							
Signature, typed or printed name of registered agent and title if applicable.															
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	CORDELLA, FAYE RICE			1.2 NAME	Bugbee, Alberta			1.2 NAME	Bugbee, Alberta						
STREET ADDRESS	4114 C EAST HWY 468			1.3 STREET ADDRESS	803 Carol St.			1.3 STREET ADDRESS	803 Carol St.						
CITY-ST-ZIP	WILDWOOD FL			1.4 CITY-ST-ZIP	Wildwood, FL 34785			1.4 CITY-ST-ZIP	Wildwood, FL 34785						
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	CHRISTENSON, CHRIS			2.2 NAME	Bugbee, R. Raymond			2.2 NAME	Bugbee, R. Raymond						
STREET ADDRESS	51 N BOBWHITE RD			2.3 STREET ADDRESS	803 Carol St.			2.3 STREET ADDRESS	803 Carol St.						
CITY-ST-ZIP	WILDWOOD FL			2.4 CITY-ST-ZIP	Wildwood, FL 34785			2.4 CITY-ST-ZIP	Wildwood, FL 34785						
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	RODGERS, MARILYN			3.2 NAME	Risteyn, Frank, Sr.			3.2 NAME	Risteyn, Frank, Sr.						
STREET ADDRESS	3646 CR 330			3.3 STREET ADDRESS	4764 2/Rd 151, Lot #13			3.3 STREET ADDRESS	4764 2/Rd 151, Lot #13						
CITY-ST-ZIP	WILDWOOD FL			3.4 CITY-ST-ZIP	Wildwood, FL 34785			3.4 CITY-ST-ZIP	Wildwood, FL 34785						
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	CARROLL, JUDY			4.2 NAME	Swigar, Howard L.			4.2 NAME	Swigar, Howard L.						
STREET ADDRESS	PO BOX 303 NA			4.3 STREET ADDRESS	3 Lady Hollow			4.3 STREET ADDRESS	3 Lady Hollow						
CITY-ST-ZIP	LADY LAKE FL			4.4 CITY-ST-ZIP	Wildwood, FL 34785			4.4 CITY-ST-ZIP	Wildwood, FL 34785						
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME				5.2 NAME				5.2 NAME							
STREET ADDRESS				5.3 STREET ADDRESS				5.3 STREET ADDRESS							
CITY-ST-ZIP				5.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME				6.2 NAME				6.2 NAME							
STREET ADDRESS				6.3 STREET ADDRESS				6.3 STREET ADDRESS							
CITY-ST-ZIP				6.4 CITY-ST-ZIP				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: *Alberta Bugbee* **SIGNATURE REQUIRED** 4-29-99 352-330-0881
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)