FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:23

DOCUMENT # **N51033** **(1)**

1. Corporation Name

HABITAT FOR HUMANITY OF CITRUS COUNTY INC.

Principal Place of Business	Mailing Address
~~1134 SE 3RD STREET~~ ~~CRYSTAL RIVER FL 34429~~	P.O. BOX 1041 CRYSTAL RIVER FL ~~34429~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1992
3a. Date of Last Report: 05/17/1994
4. FEI Number: 59-3136342 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 5289 N SIERRA VISTA DR	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CRYSTAL RIVER, FL	City & State 28
Zip / Country 24 34428 / 25	Zip / Country 29 34423 / 30

9. Name and Address of Current Registered Agent

~~AVIS, M C~~
640 E.HWY 44
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

81 Name: CRAIG-AYOTTE, AVIS M
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code: 34429

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Avis M Craig-Ayotte — 4/10/95
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	P	11 TITLE	C/D	☒ Change ☒ Addition
NAME	HARLEY, PAUL	12 NAME	SPALTI, ROSS	
STREET ADDRESS	2404 S. MICHIGAN BLVD.	13 STREET ADDRESS	5289 N SIERRA VISTA DR	
CITY-ST-ZIP	HOMOSASSA FL	14 CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	21 TITLE	T/D	☒ Change ☒ Addition
NAME	HOLLIS, IRIS	22 NAME	CALDWELL, DAVID C	
STREET ADDRESS	1134 S.E. 3RD STREET	23 STREET ADDRESS	2001 HIGHWAY 44 W	
CITY-ST-ZIP	CRYSTAL RIVER FL	24 CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MILLER, CAROL	32 NAME		
STREET ADDRESS	771 N. CONANT AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	S/D	☒ Change ☒ Addition
NAME	JOHNSON, CLARK R	42 NAME	COWLES, MARY ELLEN	
STREET ADDRESS	1134 S.E. 3RD STREET	43 STREET ADDRESS	10520 W EDGAR LANE	
CITY-ST-ZIP	CRYSTAL RIVER FL	44 CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	51 TITLE	V/D	☒ Change ☐ Addition
NAME	AYOTTE, AVIS C	52 NAME	CRAIG-AYOTTE, AVIS M	
STREET ADDRESS	11210 W.THOREAU PL.	53 STREET ADDRESS	10995 N CITRUS AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL	54 CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	V	61 TITLE	D	☒ Change ☒ Addition
NAME	JAMES, PAUL	62 NAME	RALPH, KAY	
STREET ADDRESS	1344 N.MEDITTERRANEAN WAY	63 STREET ADDRESS	1100 CR HIGHWAY 19	
CITY-ST-ZIP	INVERNESS FL	64 CITY-ST-ZIP	CRYSTAL RIVER FL 34429	

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)(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: David C. Caldwell — 4/6/95 — 904-795-0272
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Area Code & Daytime Phone Number

Treasurer
TITLE

0084187