


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90062 017 \*\*\*\*61.25

<b>DOCUMENT # N51033</b>			
1. Entity Name <b>HABITAT FOR HUMANITY OF CITRUS COUNTY INC.</b>			
Principal Place of Business <b>6632 W NORVELL BRYANT CRYSTAL RIVER FL 34429 US</b>		Mailing Address <b>P.O. BOX 1041 CRYSTAL RIVER FL 34423 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>59-3136342</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent <b>ABBOTT, GLEN C 706 N. SUN COAST BLVD CRYSTAL RIVER FL 34429</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DVP	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	YOLLMER, DOUG			NAME	<b>Norm Peterson</b>		
STREET ADDRESS	4124 N DAVIS ST			STREET ADDRESS	<b>9132 E Sweetwater</b>		
CITY-ST-ZIP	BEVERLY HILLS FL 34465			CITY-ST-ZIP	<b>Inverness FL 34450</b>		
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FAIRBANKS, CARLTON E			NAME	<b>John Thompson</b>		
STREET ADDRESS	3179 W DAFODIL DR			STREET ADDRESS	<b>6441 SW Florida City Rd</b>		
CITY-ST-ZIP	BEVERLY HILLS FL 34465			CITY-ST-ZIP	<b>Florida City FL 34436</b>		
TITLE	RD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PETERSON, BONNIE			NAME	<b>Michelle Mardlow</b>		
STREET ADDRESS	9132 E SWEETWATER			STREET ADDRESS	<b>9170 E Pebble Creek Ct</b>		
CITY-ST-ZIP	INVERNESS FL 34450			CITY-ST-ZIP	<b>Inverness FL 34450</b>		
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEPTOLA, LINDA			NAME			
STREET ADDRESS	1288 CYPRESS COVE COURT			STREET ADDRESS			
CITY-ST-ZIP	INVERNESS FL 34450			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRONER, DAN			NAME			
STREET ADDRESS	4868 W. OLD CITRUS RD.			STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL 34429			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUTHRIE, VICTORIA			NAME			
STREET ADDRESS	P. O. BOX 47			STREET ADDRESS			
CITY-ST-ZIP	FLORAL CITY FL 34436			CITY-ST-ZIP			

12. 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 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: Michelle Mardlow / Michelle Mardlow Date: 2/6/04 Daytime Phone #: 352 563 2744