


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90019 021 \*\*\*\*61.25

|  |  |   |  |
|--|--|---|--|
| <b>DOCUMENT # N51033</b>   |  |                                    |  |
| 1. Entity Name<br>HABITAT FOR HUMANITY OF CITRUS COUNTY INC.   |  |   |  |
| Principal Place of Business<br>6632 W NORVELL BRYANT<br>CRYSTAL RIVER, FL 34429 US   |  | Mailing Address<br>P.O. BOX 1041<br>CRYSTAL RIVER, FL 34423 US  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |
| City & State   |  | City & State  |  |
| Zip  | Country  | Zip   | Country  |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent   |  |
| ABBOTT, GLEN C<br>109 NE 4TH STREET<br>CRYSTAL RIVER, FL 34429   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
|  |  | <b>Make check payable to Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVP<br>PERICHT, MARY<br>6461 E. WINGATE STREET<br>INVERNESS, FL 34452 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>THRUMSTON, JOHN<br>6641 SOLD FLORAL CITY RD.<br>FLORAL CITY, FL 34436 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>KAREN BROWN<br>4405 BLAANEY LN<br>BROOKSVILLE, FL 34601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DT<br>MARDLOW, MICHELLE<br>6299 W LIBERTY LN<br>HOMOSASSA, FL 34448 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DT<br>DONNA KILBURY<br>1345 N HUNTERSOU PT<br>CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>GINCALONE, CHRISTINA<br>2525 N. FORREST RIDGE<br>HERNANDO, FL 34442 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DVP<br>WILLIAM METZENDORF<br>3635 E HIDDEN COVE CT.<br>HERNANDO, FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Terry L. Steele</i>  |  | Date: _____ Daytime Phone #: 352-563-2744   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   |  |

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4. FEI Number 59-3136342 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required