

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N51033 (1)
1. Corporation Name
HABITAT FOR HUMANITY OF CITRUS COUNTY INC.



Principal Place of Business: **5289 N SIERRA VISTA DR CRYSTAL RIVER FL 34428 US**
Mailing Address: **P.O. BOX 1041 CRYSTAL RIVER FL 34423 US**

3. Date Incorporated or Qualified: **09/28/1992**
3a. Date of Last Report: **04/12/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**CRAIG-AYOTTE, AVIS M.
640 E.HWY 44
CRYSTAL RIVER FL 34429**

10. Name and Address of New Registered Agent
81 Name: **Avis M. Craig**
82 Street Address (P.O. Box Number is Not Acceptable): **640 E. Hwy. 44**
83
84 City: **Crystal River** FL 85 Zip Code: **34429**

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPALTI, ROSS	1.2 NAME	Jim Page
STREET ADDRESS	5289 N. SIERRA VISTA DR.	1.3 STREET ADDRESS	4470 N. Sacramento Ave.
CITY-ST-ZIP	CRYSTAL RIVER FL	1.4 CITY-ST-ZIP	Beverly Hills, FL 34464
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, DAVID C.	2.2 NAME	
STREET ADDRESS	2001 WEST HWY 44	2.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CAROL	3.2 NAME	
STREET ADDRESS	771 N. CONANT AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWLES, MARY ELLEN	4.2 NAME	
STREET ADDRESS	10520 W EDGAR LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYOTTE, AVIS C	5.2 NAME	Craig, Avis M.
STREET ADDRESS	10995 N CITRUS AVE	5.3 STREET ADDRESS	10995 N. Citrus Ave.
CITY-ST-ZIP	CRYSTAL RIVER FL	5.4 CITY-ST-ZIP	Crystal River, FL 34428
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, PAUL	6.2 NAME	Clark Johnson
STREET ADDRESS	1344 N.MEDITERRANEAN WAY	6.3 STREET ADDRESS	1134 SE 3rd St.
CITY-ST-ZIP	INVERNESS FL	6.4 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)(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: **DAVID C CALDWELL** *[Signature]* 4/23/96 (352)795-8042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)