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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34423-1041 US
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3. Date Incorporated or Qualified 09/28/1992	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business 21 10 NE 5th ST.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Crystal River FL	28 City & State
24 Zip 34428	25 Country US
29 Zip	30 Country

4. FEI Number 59-3136342	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	JIM PAGE	
STREET ADDRESS	4470 N. SACRAMENTO AVE	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CALDWELL, DAVID C.	
STREET ADDRESS	2001 WEST HWY 44	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, CAROL	
STREET ADDRESS	771 N. CONANT AVENUE	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COWLES, MARY ELLEN	
STREET ADDRESS	10520 W EDGAR LANE	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CRAIG, AVIS M.	
STREET ADDRESS	10905 N CITRUS AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLARK JOHNSON	
STREET ADDRESS	1134 SE 3RD ST	
CITY-ST-ZIP	CRYSTAL RIVER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		34464
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KAY RALPH	
2.3 STREET ADDRESS	12050 W. WATERWOOD	
2.4 CITY-ST-ZIP	CRYSTAL RIVER FL	34429
3.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		34429
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		34428
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		34428
6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WELDON AMERINE	
6.3 STREET ADDRESS	4787 N MANGROVE WAY	
6.4 CITY-ST-ZIP	BEVERLY HILLS FL	34465

14. I do 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.

SIGNATURE: **MARY ELLEN COWLES** 4/14/97 352-795-9184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064836

CR2E037 (9/96)