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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 10 NE 5TH ST, CRYSTAL RIVER FL 34426 US
Mailing Address: P.O. BOX 1041, CRYSTAL RIVER FL 34423 US

3. Date Incorporated or Qualified: 09/28/1992
4. FEI Number: 59-3136342
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-sections for Suite, City & State, Zip, and Country.

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: KAY RALPH, 12050 W. WATERFORD, CRYSTAL RIVER FL 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: Kay Ralph (typed name) KAY RALPH 4/29/98 (DATE)

12. OFFICERS AND DIRECTORS

| | | | | |
|-----------|--------------------------|--|-------------------------------|--|
| TITLE: D | NAME: JIM PAGE | STREET ADDRESS: 4470 N. SACRAMENTO AVE | CITY-ST-ZIP: BEVERLY HILLS FL | <input type="checkbox"/> DELETE |
| TITLE: TD | NAME: CALDWELL, DAVID C. | STREET ADDRESS: 2001 WEST HWY 44 | CITY-ST-ZIP: INVERNESS FL | <input checked="" type="checkbox"/> DELETE |
| TITLE: CD | NAME: MILLER, CAROL | STREET ADDRESS: 771 N. CONANT AVENUE | CITY-ST-ZIP: CRYSTAL RIVER FL | <input checked="" type="checkbox"/> DELETE |
| TITLE: TD | NAME: COWLES, MARY ELLEN | STREET ADDRESS: 10520 W EDGAR LANE | CITY-ST-ZIP: CRYSTAL RIVER FL | <input type="checkbox"/> DELETE |
| TITLE: D | NAME: CRAIG, AVIS M. | STREET ADDRESS: 10695 N CITRUS AVE | CITY-ST-ZIP: CRYSTAL RIVER FL | <input checked="" type="checkbox"/> DELETE |
| TITLE: | NAME: | STREET ADDRESS: | CITY-ST-ZIP: | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|---------------|--------------------------|---|--|--|
| 1.1 TITLE: | 1.2 NAME: | 1.3 STREET ADDRESS: | 1.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE: SD | 2.2 NAME: WELDON AMBERIE | 2.3 STREET ADDRESS: 4787 N MANGROVE PATH | 2.4 CITY-ST-ZIP: BEVERLY HILLS FL 34465 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE: VD | 3.2 NAME: LYNN PAGE | 3.3 STREET ADDRESS: 4470 N SACRAMENTO AVE | 3.4 CITY-ST-ZIP: BEVERLY HILLS FL 34465 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.1 TITLE: | 4.2 NAME: | 4.3 STREET ADDRESS: | 4.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE: | 5.2 NAME: | 5.3 STREET ADDRESS: | 5.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE: PD | 6.2 NAME: KAY RALPH | 6.3 STREET ADDRESS: 12050 W WATERFORD | 6.4 CITY-ST-ZIP: CRYSTAL RIVER, FL 34429 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

14. 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 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 MARY ELLEN Cowles 4/29/98 352 795-9184

CFR2037 (10/97)