


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90014 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N51033					
1. Corporation Name HABITAT FOR HUMANITY OF CITRUS COUNTY INC.					
Principal Place of Business 10 NE 5TH ST CRYSTAL RIVER FL 34428 US			Mailing Address P.O. BOX 1041 CRYSTAL RIVER FL 34423 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/28/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3136342	
24 Country		30 Country		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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AVIS M. CRAIG 640 W HWY 44 CRYSTAL RIVER FL 34429				81 Name Glen C. Abbott 82 Street Address (P.O. Box Number is Not Acceptable) 706 N. Sun Coast BLVD 83 P.O. Box 2019 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

Signature, typed or printed name of registered agent and title if applicable

(Not required for Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Joe Monroe	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	JIM PAGE		1.2 NAME	3600 W. Sovereign Path - Suite 147			
STREET ADDRESS	4470 N. SACRAMENTO AVE		1.3 STREET ADDRESS	Lecanto, FL 34431-5740			
CITY-ST-ZIP	BEVERLY HILLS FL		1.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WELDON, A		2.2 NAME				
STREET ADDRESS	4787 N MANGROVE PATH		2.3 STREET ADDRESS				
CITY-ST-ZIP	BEVERLY HILLS FL 34465		2.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Jack Ryan	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	PAGE, L		3.2 NAME	51 Beach Lane			
STREET ADDRESS	4470 N SACRAMENTO AVE		3.3 STREET ADDRESS	Crystal River, FL 34429			
CITY-ST-ZIP	BEVERLY HILLS FL 34465		3.4 CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Beverly Isabelle	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	COWLES, MARY ELLEN		4.2 NAME	9336 W. Red Valley CT			
STREET ADDRESS	10520 W EDGAR LANE		4.3 STREET ADDRESS	Crystal, River, FL 34429			
CITY-ST-ZIP	CRYSTAL RIVER FL		4.4 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RAPLH, K		5.2 NAME				
STREET ADDRESS	12050 W WATERFORD		5.3 STREET ADDRESS				
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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, with all other like empowered.

SIGNATURE:

Katherine Harris
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99 (352) 563-2744
 Date Daytime Phone #

CR25037 (11/01)