

2000 UNIFORM BUSINESS REPORT (UBR)

61-25

007149

DOCUMENT # N51033

AMENDED

1. Entity Name
HABITAT FOR HUMANITY OF CITRUS COUNTY INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV 99 PM 3:40

Principal Place of Business Mailing Address
10 NE 5TH ST P.O. BOX 1041
CRYSTAL RIVER FL 34429 CRYSTAL RIVER FL 34423-1041
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 59-3136342 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ABBOTT, GLEN C
706 N. SUN COAST BLVD
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent
Name 300003473053-1
Street Address (P.O. Box Number is Not Acceptable) 1122700-01007-010
City FL 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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

Table with 10 rows and 2 columns: OFFICERS AND DIRECTORS. Includes names like MONROE, JOE; WELDON, A; RYAN JACK; ISABELLE, BEVERLY; RAPLH, K.

Table with 10 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Includes names like LINDA DEPTOLA; C.D. BLACKBURN; ANTHONY TOMASELLO.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: C.D. BLACKBURN DATE: 4-27-00 DAYTIME PHONE: 363-2744

CR2E037 (9/99)