

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State

07-10-2001 90128 045 ****61.25

DOCUMENT # N51033

1. Entity Name

HABITAT FOR HUMANITY OF CITRUS COUNTY INC.

LA

Principal Place of Business

10 NE 5TH ST
 CRYSTAL RIVER FL 34428
 US

Mailing Address

P.O. BOX 1041
 CRYSTAL RIVER FL 34423
 US

10141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6632 W. Norvell Bryant

3. Mailing Address

SAME - P.O. Box 1041

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crystal River, FL 34429

City & State

CRYSTAL RIVER, FL

4. FEI Number

59-3136342

Applied For

Not Applicable

Zip

34429

Country

Citrus

Zip

34423

Country

USA

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

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|--------|-------------------|----------------------|-------------------------------------|-------------------------------------|
| DP | DEPTOLA, LINDA | 1288 CYPRESS COVE CT | INVERNESS FL 34450 | <input checked="" type="checkbox"/> |
| SD | WELDON, ANTHONY | 1707 N MANROVER PATH | BEVERLY HILLS FL 34485 | <input checked="" type="checkbox"/> |
| D xx - | TREASURER | RYAN, JACK | 51 BCH LN CRYSTAL RIVER FL 34429 | <input type="checkbox"/> |
| D | ISABELLE, BEVERLY | 9338 W RED VALLEY CT | CRYSTAL RIVER FL 34429 | <input checked="" type="checkbox"/> |
| DT | TOMASELO, ANTHONY | 52314 GOLF COURSE DR | CRYSTAL RIVER FL 34429 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|-------------|----------------|------------------------------------------------------------|-------------------------------------|--------------------------|
| DP | President | Barbara Rezac | 8890 N. Amboy Dr. Citrus Springs, FL 34428 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | JACK RYAN | 51 BEACH LANE | CRYSTAL RIVER, FL 34429 | <input type="checkbox"/> | <input type="checkbox"/> |
| | V/President | Gene Wade | P.O. Box 552 73 PIZARO, LECANTO Crystal River, FL 34461 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| DS | Secretary | Linda Deptola | 1288 Cypress Cove Ct. Inverness, FL 34450 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

12. 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 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:

John A. Ryan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/01

CR20037 (5/01)