

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N51033

FILED
Jan 28, 2002 8:00 AM
Secretary of State

Entity Name: HABITAT FOR HUMANITY OF CITRUS COUNTY INC.

Current Principal Place of Business:

6632 W NORVELL BRYANT
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1041
CRYSTAL RIVER, FL 34423 US

New Mailing Address:

FEI Number: 59-3136342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABBOTT, GLEN C
706 N. SUN COAST BLVD
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: REZAC, BARBARA
Address: 8890 N AMBOY DRIVE
City-St-Zip: CITRUS SPRINGS, FL 34433

Title: DT () Delete
Name: RYAN, JACK
Address: 51 BEACH LANE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: DVP () Delete
Name: WADE, GENE
Address: 73 PIZARO
City-St-Zip: LECANTO, FL 34461

Title: S () Delete
Name: DEPTOLA, LINDA
Address: 1288 CYPRESS COVE COURT
City-St-Zip: INVERNESS, FL 34450

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GRONER, DAN
Address: 4868 W. OLD CITRUS RD.
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: D () Change (X) Addition
Name: GUTHRIE, VICTORIA
Address: P. O. BOX 47
City-St-Zip: FLORAL CITY, FL 34436 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RYAN, JACK

DT

01/28/2002

Electronic Signature of Signing Officer or Director

_____ Date

SMITH, DAVID R. - DIRECTOR
11 VILLAGE CENTER DRIVE
HOMOSASSA, FL 34447

WISE, TOM - DIRECTOR
18 REBECCA CT.
HOMOSASSA, FL 34446

MCKINLEY, KAREN - DIRECTOR
7730 W. NEW CASTLE CT,
DUNNELLON, FL 34433

FAIRBANKS, CARLTON - DIRECTOR
3179 W. DAFFODIL DRIVE
BEVERLY HILLS, FL 34465

BARGER, JERRY - DIRECTOR
7080 W. VILLAGE DRIVE
HOMOSASSA, FL 34447

CRUSCO, MICHAEL, - DIRECTOR
2240 S. AMBRIDGE PLACE
INVERNESS, FL 34452