


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N92000000014 1. Entity Name HABITAT FOR HUMANITY OF BRADFORD COUNTY, FLORIDA, INC.	
Principal Place of Business 113 E CALL STREET STARKE, FL 32091	Mailing Address P.O. BOX 367 STARKE, FL 32091

FILED

09 JUL 17 AM 9:08

RECEIVED BY STATE
ALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07142009 REIN-NP CR2E099 (1/07)

4. FEI Number 59-3621410	Applied For
	<input type="checkbox"/> Not Applicable

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

6. Name and Address of Current Registered Agent

MCRAE, ARLEY
1517 BESSENT RD
STARKE, FL 32091

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Arley McRae* *EX DIRECTOR* 7-14-09

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

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D PRIEST, LAMAR	<input type="checkbox"/> Delete
NAME	1317 CHATAUGUA WAY	
STREET ADDRESS	LAWTEY, FL 32058	
CITY-ST-ZIP		
TITLE	D GOLDWIRE, MARY AGNES	<input type="checkbox"/> Delete
NAME	BESSENT RD	
STREET ADDRESS	STARKE, FL 32091	
CITY-ST-ZIP		
TITLE	VPD MCRAE, ARLEY	<input type="checkbox"/> Delete
NAME	1517 BESSENT RD	
STREET ADDRESS	STARKE, FL 32091	
CITY-ST-ZIP		
TITLE	PD MORRIS, JOHN	<input type="checkbox"/> Delete
NAME	P.O. BOX 342	
STREET ADDRESS	LAWTEY, FL 32058	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	900158624529	
CITY-ST-ZIP	0771709--01032--008 **122.50	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTATEMENT	
STREET ADDRESS	<i>08-09</i>	
CITY-ST-ZIP	<i>JM 7/22</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Arley McRae* *EX DIR* 7-14-9 904-564-5553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #