



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90025 037 ****61.25

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 67 STARKE, FL 32091		64001063	
2. Principal Place of Business		3. Mailing Address		 01052004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3621410	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
WILLIAMS, GERALD L JR. 113 E CALL STREET 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ROBERTS, SCOTT <input type="checkbox"/> Delete	TITLE	DS Teresa Smith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	1317 CHATAUGUA WAY	NAME	7874 SW 155th TER		
STREET ADDRESS	KEYSTONE HEIGHTS, FL 32656	STREET ADDRESS	Starke, FL 32091		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	D GOLDWIRE, MARY AGNES <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RT 1 BOX 781	NAME	Bessent Rd		
STREET ADDRESS	STARKE, FL 32091	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	D WILLIAMS, GERALD L JR <input type="checkbox"/> Delete	TITLE	D Lamar Priest <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	P.O. BOX 67	NAME	PO Box 237		
STREET ADDRESS	STARKE, FL 32091	STREET ADDRESS	Lawtey, FL 32058		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	D HARDESTY, GARY <input checked="" type="checkbox"/> Delete	TITLE	D Warren Stevenson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	205 S. LAKEWOOD DR.	NAME	PO Box 1178		
STREET ADDRESS	STARKE, FL 32091	STREET ADDRESS	Starke, FL 32091		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	VPD MCRAE, ARLEY <input type="checkbox"/> Delete	TITLE	D Clarence De Sue <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	1517 BESSENT RD	NAME	609 N. Orange St		
STREET ADDRESS	STARKE, FL 32091	STREET ADDRESS	Starke, FL 32091		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	PD MORRIS, JOHN <input type="checkbox"/> Delete	TITLE	D Sidney Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	P.O. BOX 342	NAME	1206 N. Dell St		
STREET ADDRESS	LAWTEY, FL 32058	STREET ADDRESS	Starke, FL 32091		
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Teresa A. Smith</i> TERESA A. SMITH 1/9/04				Date: 904-964-7772	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	