
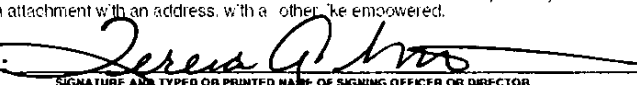


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90046 043 ****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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FCI Number 59-3621410	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, GERALD L JR. 113 E CALL STREET STARKE, FL 32091			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Accepted)			Street Address (P.O. Box Number is Not Accepted)		
City			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 _____ <small>Signature of current registered agent (if applicable) or FCI registered agent (signature required on this filing)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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	<input checked="" type="checkbox"/> Delete	TITLE	Lamar Priest	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, SCOTT		NAME	Lawtey, FL 32058	
STREET ADDRESS	1317 CHATAUGUA WAY		STREET ADDRESS		
CITY ST ZIP	KEYSTONE HEIGHTS, FL 32656		CITY ST ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDWIRE, MARY AGNES		NAME		
STREET ADDRESS	BESSENT RD		STREET ADDRESS		
CITY ST ZIP	STARKE, FL 32091		CITY ST ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GERALD L JR		NAME		
STREET ADDRESS	P.O. BOX 67		STREET ADDRESS		
CITY ST ZIP	STARKE, FL 32091		CITY ST ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, TERESA		NAME		
STREET ADDRESS	7874 SW 155TH TER		STREET ADDRESS		
CITY ST ZIP	STARKE, FL 32091		CITY ST ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCRAE, ARLEY		NAME		
STREET ADDRESS	1517 BESSENT RD		STREET ADDRESS		
CITY ST ZIP	STARKE, FL 32091		CITY ST ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, JOHN		NAME		
STREET ADDRESS	P.O. BOX 342		STREET ADDRESS		
CITY ST ZIP	LAWTEY, FL 32058		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)(c), Florida Statutes. I further certify that the information indicated on this report or subsequent 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 a other like empowered.					
SIGNATURE: 			7/25/05 Financial Sec.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					