

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 18, 2006 8:00 am**  
**Secretary of State**

08-18-2006 90077 030 \*\*\*\*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 367  
 STARKE, FL 32091**

**50025521**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

08132006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3621410**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 **Arley McRae**  
 Street Address (P.O. Box Number is Not Acceptable) **1517 Besseant Rd**  
 City **Starke** FL Zip Code **32091**

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* DATE **8/15/06**

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

**Filing Fee is \$61.25  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PRIEST, LAMAR	
STREET ADDRESS	1317 CHATAUGUA WAY	
CITY-ST-ZIP	LAWTEY, FL 32058	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDWIRE, MARY AGNES	
STREET ADDRESS	BESSENT RD	
CITY-ST-ZIP	STARKE, FL 32091	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCRAE, ARLEY	
STREET ADDRESS	1517 BESSENT RD	
CITY-ST-ZIP	STARKE, FL 32091	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORRIS, JOHN	
STREET ADDRESS	P.O. BOX 342	
CITY-ST-ZIP	LAWTEY, FL 32058	
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		
CITY-ST-ZIP		
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		
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* **ARLEY MCRAE** DATE **8-15-06** DAYTIME PHONE # **(904) 964-2409**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR