


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N92000000014</b> 1. Entity Name <b>HABITAT FOR HUMANITY OF BRADFORD COUNTY, FLORIDA, INC.</b>	
---	---

FILED  
07 SEP 18 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>113 E CALL STREET STARKE, FL 32091</b>	Mailing Address <b>P.O. BOX 367 STARKE, FL 32091</b>
--	---



09062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3621410</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MCR<sup>AE</sup> ARLEY  
1517 BESSENT RD  
STARKE, FL 32091**

DO NOT WRITE  
IN THIS SPACE

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 September 14, 2007

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

09/19/07--01021--011 \*\*61.25

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	PRIEST, LAMAR
STREET ADDRESS	1317 CHATAUGUA WAY
CITY-ST-ZIP	LAWTEY, FL 32058
TITLE	D
NAME	GOLDWIRE, MARY AGNES
STREET ADDRESS	BESSENT RD
CITY-ST-ZIP	STARKE, FL 32091
TITLE	VPD
NAME	MCR <sup>AE</sup> ARLEY
STREET ADDRESS	1517 BESSENT RD
CITY-ST-ZIP	STARKE, FL 32091
TITLE	PD
NAME	MORRIS, JOHN
STREET ADDRESS	P.O. BOX 342
CITY-ST-ZIP	LAWTEY, FL 32058
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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: *John Morris* 9-10-7 (904) 964-2459

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