

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90124 006 ****61.25

DOCUMENT # N99000000091

1. Entity Name

HABITAT FOR HUMANITY WASHINGTON COUNTY, INC.

Principal Place of Business

Mailing Address

1304 A. JACKSON AVE.
 CHIPLEY FL 32428

1304 A. JACKSON AVE.
 CHIPLEY FL 32428

2. Principal Place of Business

3. Mailing Address

808 MAIN ST.

808 MAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Chipley

City & State

Chipley

4. FEI Number

59-3566232

Applied For

Not Applicable

Zip

32428

Country

Washington

Zip

FL

Country

Washington

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIDLEY, DAVID W
1304 A. JACKSON AVE.
CHIPLEY FL 32428

Name **ted spangenberg**

Street Address (P.O. Box Number is Not Acceptable)
1030 SOUTH BLVD.

City **Chipley**

FL

Zip Code **32428**

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.

SIGNATURE

[Handwritten Signature]

(ted SPANenberg)

02/21/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **JOHNSON, SALLIE**
 STREET ADDRESS **1920 MERRY ACRES DR**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE Change Addition
 NAME **ZENNA CORBIN**
 STREET ADDRESS **1415 OAK GROVE Rd.**
 CITY-ST-ZIP **Chipley, FL 32428** (President)

TITLE **D** Delete
 NAME **JOHNSON, WENDELL**
 STREET ADDRESS **P O BOX 1007**
 CITY-ST-ZIP **CHIPLEY FL 32428-1007**

TITLE Change Addition
 NAME **EDWINA SHOWERS**
 STREET ADDRESS **750 5th St.**
 CITY-ST-ZIP **Chipley, FL 32428** (V-PRES)

TITLE **D** Delete
 NAME **HARRELL, DOUG**
 STREET ADDRESS **808 MAIN ST.**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE Change Addition
 NAME **ROXANNE BUSH**
 STREET ADDRESS **1922 HAGAN ROAD**
 CITY-ST-ZIP **Chipley, FL 32428** (Sec)

TITLE **D** Delete
 NAME **LEE, LYNDALE**
 STREET ADDRESS **785 5TH ST**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE Change Addition
 NAME **Ted SPANenberg**
 STREET ADDRESS **1030 SOUTH BLVD.**
 CITY-ST-ZIP **Chipley, FL 32428** (TREAS)

TITLE **D** Delete
 NAME **LERNER, CARROLL**
 STREET ADDRESS **1276 OLD BONIFAY RD**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE Change Addition

TITLE **D** Delete
 NAME **MCCRARY, DEBRA**
 STREET ADDRESS **291 TRI-COUNTY RD**
 CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE Change Addition

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:

[Handwritten Signature]

(ted SPANenberg) 2/21/2002 850-638-1190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0372107