


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90375 004 \*\*\*\*61.25

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # N99000000091</b>  |         |  |         |
| 1. Entity Name<br><b>HABITAT FOR HUMANITY WASHINGTON COUNTY, INC.</b>   |         |   |         |
| Principal Place of Business<br><b>808 MAIN ST<br/>CHIPLEY FL 32428</b>  |         | Mailing Address<br><b>808 MAIN ST<br/>CHIPLEY FL 32428</b>                        |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |
| 6. Name and Address of Current Registered Agent<br><b>SPANGENBERG, TED<br/>1030 SOUTH BLVD<br/>CHIPLEY FL 32428</b> |         | 7. Name and Address of New Registered Agent                                       |         |
| Name  |         | Name  |         |
| Street Address (P.O. Box Number is Not Acceptable)  |         | Street Address (P.O. Box Number is Not Acceptable)                                |         |
| City  |         | City  |         |
| FL  |         | Zip Code  |         |



CHECK HERE IF MAKING CHANGES

|   |  |   |  |
|---|--|---|--|
| 4. FEI Number <b>59-3566232</b>                           |  | Applied For                             |  |
|   |  | <input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required   |  |

|   |  |
|---|--|
| 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 Ted Spangenberg DATE 1-29-03  
Signature, typed or printed name of registered agent, if title is applicable. (NOTE: Registered Agent signature required when reinstating)

|                                 |  |                                    |  |
|---------------------------------|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|---------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|----------------------------|--|---|--|
| TITLE<br>D                 | JOHNSON, SALLIE<br>1920 MERRY ACRES DR<br>CHIPLEY FL 32428 | TITLE<br>TREASURER                                    | SPANGENBERG, TED<br>1030 SOUTH BLVD<br>CHIPLEY, FL 32428 |
| TITLE<br>P                 | CORBIN, ZENNA<br>1615 OAKGROVE RD<br>CHIPLEY FL 32428      | TITLE<br>NAME   |  |
| TITLE<br>V                 | SHOWERS, EDWINA<br>750 5TH ST<br>CHIPLEY FL 32428          | TITLE<br>NAME   |  |
| TITLE<br>D                 | LEE, LYNDALE<br>785 5TH ST<br>CHIPLEY FL 32428             | TITLE<br>SECRETARY                                    | LEE, LYNDALE<br>765 5TH ST<br>CHIPLEY, FL 32428          |
| TITLE<br>D                 | LERNER, CARROLL<br>1276 OLD BONIFAY RD<br>CHIPLEY FL 32428 | TITLE<br>NAME   |  |
| TITLE<br>D                 | MCCRARY, DEBRA<br>291 TRI-COUNTY RD<br>GRACEVILLE FL 32440 | TITLE<br>NAME   |  |

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: Spangenberg DATE 1/29/03 PHONE # 850-638-1190  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)