


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90008 037 ****61.25

DOCUMENT # N99000000091
 1. Entity Name
HABITAT FOR HUMANITY WASHINGTON COUNTY, INC.



Principal Place of Business: **808 MAIN ST, CHIPLEY FL 32428**
 Mailing Address: **808 MAIN ST, CHIPLEY FL 32428**

40006664



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **59-3566232**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SPANGENBERG, TED
1030 SOUTH BLVD
CHIPLEY FL 32428

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

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: S NAME: COYLE, MICHAEL G STREET ADDRESS: PO BOX 26 CITY-ST-ZIP: CHIPLEY FL 32428	<input checked="" type="checkbox"/> Delete
TITLE: P NAME: CORBIN, ZENNA STREET ADDRESS: 1615 OAKGROVE RD CITY-ST-ZIP: CHIPLEY FL 32428	<input type="checkbox"/> Delete
TITLE: T NAME: SPANGENBERG, TED STREET ADDRESS: 1030 SOUTH BLVD CITY-ST-ZIP: CHIPLEY FL 32428	<input type="checkbox"/> Delete
TITLE: VP NAME: RIDLEL, DAVID W STREET ADDRESS: 1514 WEST. NELSON RD. CITY-ST-ZIP: CHIPLEY FL 32428	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: Grantham, Angela STREET ADDRESS: 932 Joshua Dr. CITY-ST-ZIP: Chipley FL 32428	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: Harris, Rebecca STREET ADDRESS: 1343 Brickyard Rd CITY-ST-ZIP: Chipley FL 32428	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ted Spangenberg **Ted Spangenberg** 1/21/05 850-638-1190
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #