


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90077 022 \*\*\*\*61.25

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



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

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country 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 Ted Spangenberg DATE 2-16-06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GRANTHAM, ANGELA</b> <b>932 JOSHUA DR</b> <b>CHIPLEY FL 32428</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CORBIN, ZENNA</b> <b>1615 OAKGROVE RD</b> <b>CHIPLEY FL 32428</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SPANGENBERG, TED</b> <b>1030 SOUTH BLVD</b> <b>CHIPLEY FL 32428</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HARRIS, REBECCA</b> <b>1343 BRICKYARD RD</b> <b>CHIPLEY FL 32428</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained in Section 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: Ted Spangenberg **Treasurer** 3-09-06 **850-638-1190**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #



1st MOORE CR2E037 (10/05)



ATTACHMENT  
66004953

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

HABITAT FOR HUMANITY WASHINGTON COUNTY, INC.  
808 MAIN ST  
CHIPLEY, FL 32428

Subject: **HABITAT FOR HUMANITY WASHINGTON COUNTY, INC.**

Reference Number: **N99000000091**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION