

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90014 005 ****61.25

0009119

NONPROFIT
 CORPORATION
 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

1999

DOCUMENT # N98000006686 ✓

1. Corporation Name

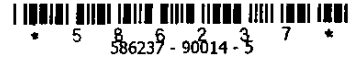
HABITAT FOR HUMANITY OF WAKULLA COUNTY, INCORPORATED

Principal Place of Business

3609 COASTAL HWY.
 CRAWFORDVILLE FL 32327

Mailing Address

3609 COASTAL HWY.
 CRAWFORDVILLE FL 32327



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/24/1998	
2 City & State		27 City & State		4. FEI Number	
3 Zip		28 Zip		59-3549632	
4 Country		29 Country		30 Country	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KRAMER, TERESA				81 Name	
500 S. DUVAL ST.				82 Street Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32399-1900				83	
				84 City	
				FL 85 Zip Code	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
4. FEI Number 59-3549632 Applied For Not Applicable					

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACE, JOHN	1.2 NAME	Louis A. (Sonny) Jones
STREET ADDRESS	2889 CRAWFORDVILLE HWY.	1.3 STREET ADDRESS	2140 Crawfordville Hwy
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	1.4 CITY-ST-ZIP	Crawfordville, FL 32327
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHN, HAROLD	2.2 NAME	Rebecca Sweat
STREET ADDRESS	3609 COASTAL HWY.	2.3 STREET ADDRESS	2917 Coastal Hwy
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	2.4 CITY-ST-ZIP	Crawfordville, FL 32327
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKIN, PEGGY	3.2 NAME	
STREET ADDRESS	116 WILDWOOD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNEY, CHRIS	4.2 NAME	
STREET ADDRESS	1063 SOPCHOPPY HWY.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY FL 32358	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, RUBY	5.2 NAME	
STREET ADDRESS	1143 SOPCHOPPY HWY.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY FL 32358	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDER, TONI	6.2 NAME	
STREET ADDRESS	468 HICKORY WOOD DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	6.4 CITY-ST-ZIP	

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99

850-926-6079

Date

Daytime Phone #

CR2E037 (11/98)