

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90066 015 ****61.25

DOCUMENT # N98000006686

1. Entity Name

HABITAT FOR HUMANITY OF WAKULLA COUNTY, INCORPOR

Principal Place of Business

Mailing Address

3609 COASTAL HWY.
 CRAWFORDVILLE FL 32327

3609 COASTAL HWY.
 CRAWFORDVILLE FL 32327-4210

2. Principal Place of Business

No Office Location

3. Mailing Address

P.O. Box 1596

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*City & State
 Crawfordville, FL*

4. FEI Number

59-3549632

Applied For

Not Applicable

Zip

Country

Zip

Country

32326

USA

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

**KRAMER, TERESA
 500 S. DUVAL ST.
 TALLAHASSEE FL 32399-1900**

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.

SIGNATURE _____

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	DT	<input type="checkbox"/> Delete
NAME	JONES, LOUIS A	
STREET ADDRESS	2140 CRAWFORDVILLE HWY	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	COHN, HAROLD	
STREET ADDRESS	3609 COASTAL HWY.	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACKIN, PEGGY	
STREET ADDRESS	116 WILDWOOD DR.	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNEY, CHRIS	
STREET ADDRESS	1063 SOPCHOPPY HWY.	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, RUBY	
STREET ADDRESS	1143 SOPCHOPPY HWY.	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RYDER, TONI	
STREET ADDRESS	468 HICKORY WOOD DR.	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>See Attached List</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Teresa Kramer* *02/08/00* *850-414-8869*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

18000006686

00037034

Florida Department of Agriculture
and Consumer Services

BOB CRAWFORD, Commissioner



ATTACHMENT A

Officers, Directors, Trustees, and Principal Salaried Executive Personnel
Solicitation of Contributions
(Chapter 496, Florida Statutes)

Please list officers, directors, trustees, and principal salaried executive personnel: (If none, check here _____ and return.)

Name: Louis A. (Sonny) Jones Title: Treasurer/Director (T/D)

Address: 6264 Old Water Oak Road

City, State, ZIP: Tallahassee, FL 32312 Phone: 850-668-8297

Name: Rev. Chris Burney Title: Director (D)

Address: 1063 Sopchoppy Highway

City, State, ZIP: Sopchoppy, FL Phone: 850-962-1456

Name: Ruby Allen Title: Director (D)

Address: 1143 Sopchoppy Highway

City, State, ZIP: Sopchoppy, FL 32358 Phone: 850-962-3061

Name: Tracy Tutschmidt Title: Director (D)

Address: 52 Talon Dr.

City, State, ZIP: Crawfordville, FL 32327 Phone: 850-926-4014

Name: Ruby Snyder Title: Director (D)

Address: 14 River Dr.

City, State, ZIP: Panacea, FL 32346 Phone: 850-984-5486

Name: R. H. Carter Title: Director (D)

Address: 860 Behwinkle Road

City, State, ZIP: Crawfordville, FL 32327 Phone: 850-926-3239

Name: Kenneth Voland Title: Director (D)

Address: 25 Connie Dr.

City, State, ZIP: Crawfordville, FL 32327 Phone: 850-926-7744

Name: Helen Cleaveland Title: Recording Secretary / Director (S/D)
Address: 69 Connie Dr.
City, State, ZIP: Crawfordville, FL 32327 Phone: 850-926-8505

Name: Hal Greenman Title: Vice-Chair / Director (V/D)
Address: 336 Mary Ann Drive
City, State, ZIP: Crawfordville, FL 32327 Phone: 850-421-5436

Name: Teresa Kramer Title: Chair / Director (C/D)
Address: 386 White Oak Dr.
City, State, ZIP: Crawfordville, FL 32327 Phone: 850-926-2063

Name: Tom Show Title: Director (D)
Address: 207 Bob Miller Road
City, State, ZIP: Crawfordville, FL 32327 Phone: 850-421-0196

Name: Jeannie Hannah Title: Coresponding Secretary / Director (S/D)
Address: 75 Mulberry Circle
City, State, ZIP: Crawfordville, FL 32327 Phone: 850-926-4725

Name: Raymond Sanders Title: Director (D)
Address: 1645 Shadeville Road
City, State, ZIP: Crawfordville, FL 32327 Phone: 850-926-7631

Name: Joseph Barry Title: Director (D)
Address: 201 Harbour Point Dr
City, State, ZIP: Crawfordville, FL 32327 Phone: 850-926-7832

Name: Sally Gandy Title: Director (D)
Address: 51 Pompano Dr.
City, State, ZIP: Panacea, FL 32346 Phone: 850-984-2203

780000000086

Attachment
00037006

AFFIDAVIT

State of: Florida

County of: Wakulla

I, Louis A Jones, being first duly sworn, say that I am the
(NAME)

Treasurer of Habitat For Humanity
(TREASURER or CHIEF FINANCIAL OFFICER) (NAME OF ORGANIZATION)

and further state as follows:


1. Teresa Kramer completed the foregoing Charitable
(NAME OF PERSON WHO COMPLETED REGISTRATION)
Organization's Registration Statement;
2. I have read the foregoing Registration Statement and know the contents thereof;
3. The same is true to the best of my knowledge and belief; and
4. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, the Solicitation of Contributions Act.

Louis Jones
(SIGNATURE)


The foregoing instrument was acknowledged before me this 9th day of March,
2000, by Louis A. Jones, who is personally known to me or who has
produced _____, as identification and who did (did not) take an oath.

SEAL/STAMP

Elma L Cutchin
(NOTARY PUBLIC SIGNATURE)

 Elma L Cutchin
MY COMMISSION # CC808116 EXPIRES
February 10, 2003
(NOTARY PUBLIC NAME PLEASE PRINT)

COMMISSION EXPIRES: _____

 Elma L Cutchin
MY COMMISSION # CC808116 EXPIRES
February 10, 2003
BONDED THRU TROY FAIN INSURANCE, INC.