

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90018 033 \*\*\*\*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

P.O. BOX 1596  
 CRAWFORDVILLE FL 32328

00057468



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3549632

Applied For

Not Applicable

Zip

Country

Zip

Country

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 Teresa Kramer  
 Street Address (P.O. Box Number is Not Acceptable) 1317 Winewood Blvd. Bldg #2  
Suite 204  
 City Tallahassee FL Zip Code 32399

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  Delete  
 NAME JONES, LOUIS A  
 STREET ADDRESS 2140 CRAWFORDVILLE HWY  
 CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE Treasurer  Change  Addition  
 NAME Karen Taylor  
 STREET ADDRESS 23 Folkien Way  
 CITY-ST-ZIP Crawfordville, FL 32327

TITLE D  Delete  
 NAME MACKIN, PEGGY  
 STREET ADDRESS 116 WILDWOOD DR.  
 CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME BURNEY, CHRIS  
 STREET ADDRESS 1063 SOPCHOPPY HWY.  
 CITY-ST-ZIP SOPCHOPPY FL 32358

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME ALLEN, RUBY  
 STREET ADDRESS 1143 SOPCHOPPY HWY.  
 CITY-ST-ZIP SOPCHOPPY FL 32358

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: [Signature] **SIGNATURE REQUIRED** May 31, 2001 488-2501

CR2E037 (10/00)