

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2002 8:00 am
Secretary of State

05-23-2002 90069 022 ****61.25

DOCUMENT # N98000006686

1. Entity Name
HABITAT FOR HUMANITY OF WAKULLA COUNTY, INCORPORATED

Principal Place of Business Mailing Address
3609 COASTAL HWY. P.O. BOX 1596
CRAWFORDVILLE FL 32327 CRAWFORDVILLE FL 32326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3295 Crawfordville Hwy

3. Mailing Address
 Suite, Apt. #, etc. **Suite 2**

City & State
Crawfordville, FL

City & State
 Suite, Apt. #, etc.

City & State
Crawfordville, FL

City & State
Crawfordville, FL

Zip **32327** Country **Wakulla**

4. FEI Number **59-3549632** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KRAMER, TERESA
1319 WINEWOOD BLVD BLDG #2
SUITE 204
TALLAHASSEE FL 32399

7. Name and Address of New Registered Agent

Name **Teresa Kramer**

Street Address (P.O. Box Number is Not Acceptable)
386 White Oak Drive

City **Crawfordville, FL** Zip Code **32327**

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 **Teresa Kramer, Teresa Kramer** DATE **4/17/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKIN, PEGGY 116 WILDWOOD DR. CRAWFORDVILLE FL 32327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, RUBY 1143 SOPCHOPPY HWY. SOPCHOPPY FL 32358	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, KAREN 23 TOLKIEN WAY CRAWFORDVILLE FL 32327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Jeanne Hannah 75 Mulberry Circle Crawfordville, FL 32327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sally Grandy 51 Pompano Drive Panacea, FL 32346	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Harold Greenman 336 Mary Ann Drive Crawfordville, FL 32327	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Samuel Hayes 4285 Bark Drive West Tallahassee, FL 32305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Howard Kessler 1945 Surf Road Panacea, FL 32346	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shirley Young 2628 Crawfordville Hwy Crawfordville, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Susie Inlow 114 Lake Ellen Circle Crawfordville, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kary Kublin 10 Laird Lane Crawfordville, FL 32327	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C-D Helen Livingston 69 Connie Dr. Crawfordville, FL 32327	<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: **Karen Taylor** **SIGNATURE REQUIRED** DATE **4-30-02** DAYTIME PHONE # **850-410-5800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

Attachment

#N98000006686
198079

OFFICERS AND DIRECTORS (con't)

S/D

Mary Owens
93 Allen Green Road
Sopchoppy, FL 32358

V/D

Raymond Sanders
1645 Shadeville Road
Crawfordville, FL 32327

D

Joe Shingles
1009 Wakulla Springs Road
Crawfordville, FL 32327

D

Ruby Snyder
14 River Road
Panacea, FL 32346