

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90108 025 \*\*\*\*61.25



|   |                        |        |  |  |   |   |  |
|---|------------------------|--------|--|--|---|---|--|
| <b>DOCUMENT # N98000006686</b>  |                        |        |  | <b>1. Entity Name</b>  |   | <b>HABITAT FOR HUMANITY OF WAKULLA COUNTY, INCORPORATED</b> |  |
| <b>Principal Place of Business</b>  |                        |        |  | <b>Mailing Address</b>   |   |   |  |
| 940 SHADEVILLE HWY<br>CRAWFORDVILLE FL 32327  |                        |        |  | P.O. BOX 1596<br>CRAWFORDVILLE FL 32326                            |   |   |  |
| <b>2. Principal Place of Business</b>   |                        |        |  | <b>3. Mailing Address</b>  |   |   |  |
| Suite, Apt. #, etc.   |                        |        |  | Suite, Apt. #, etc.  |   |   |  |
| City & State  |                        |        |  | City & State   |   |   |  |
| Zip   |                        |        |  | Country  |   | Country   |  |
| 6. Name and Address of Current Registered Agent   |                        |        |  | 7. Name and Address of New Registered Agent                        |   |   |  |
| TAYLOR, KAREN<br>23 TOLKEIN WAY<br>CRAWFORDVILLE FL 32327   |                        |        |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |                        |        |  |  |   |   |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2005</b>  |                        |        | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                |  |
| <b>Make Check Payable to Florida Department of State</b>  |                        |        |  |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                        |        |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>       |   |   |  |
| TITLE   | S                      | Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| NAME  | MACKIN, PEGGY          |        |  | NAME   |   |   |  |
| STREET ADDRESS  | 116 WILDWOOD DR.       |        |  | STREET ADDRESS   |   |   |  |
| CITY-ST-ZIP   | CRAWFORDVILLE FL 32327 |        |  | CITY-ST-ZIP  |   |   |  |
| TITLE   | P                      | Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| NAME  | TAYLOR, KAREN          |        |  | NAME   |   |   |  |
| STREET ADDRESS  | 23 TOLKEIN WAY         |        |  | STREET ADDRESS   |   |   |  |
| CITY-ST-ZIP   | CRAWFORDVILLE FL 32327 |        |  | CITY-ST-ZIP  |   |   |  |
| TITLE   | T                      | Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| NAME  | KEISTER, BEVERLY       |        |  | NAME   |   |   |  |
| STREET ADDRESS  | 100 MONOCOUE RD        |        |  | STREET ADDRESS   |   |   |  |
| CITY-ST-ZIP   | PANACEA FL 32346       |        |  | CITY-ST-ZIP  |   |   |  |
| TITLE   | VP                     | Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| NAME  | THURMOND, BRENT        |        |  | NAME   |   |   |  |
| STREET ADDRESS  | 27 BRENTWOOD LANE      |        |  | STREET ADDRESS   |   |   |  |
| CITY-ST-ZIP   | CRAWFORDVILLE FL 32327 |        |  | CITY-ST-ZIP  |   |   |  |
| TITLE   | S                      | Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| NAME  | BOLES, LINDA           |        |  | NAME   |   |   |  |
| STREET ADDRESS  | 215 MARIAH CREEK RD    |        |  | STREET ADDRESS   |   |   |  |
| CITY-ST-ZIP   | CRAWFORDVILLE FL 32327 |        |  | CITY-ST-ZIP  |   |   |  |
| TITLE   | VP                     | Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| NAME  | Joe Shingles           |        |  | NAME   |   |   |  |
| STREET ADDRESS  |                        |        |  | STREET ADDRESS   |   |   |  |
| CITY-ST-ZIP   |                        |        |  | 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. |                        |        |  |  |   |   |  |
| <b>SIGNATURE:</b> <i>Benny Hunt</i>   |                        |        |  | 3-31-05 850-984-0335   |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                        |        |  | Date Daytime Phone #   |   |   |  |



1st MOORE CR2E037 (10/04)

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

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