
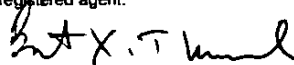
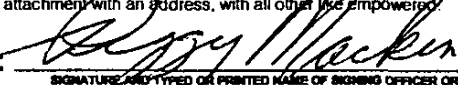


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90101 020 ****61.25

DOCUMENT # N98000006686					
1. Entity Name HABITAT FOR HUMANITY OF WAKULLA COUNTY, INCORPORATED					
Principal Place of Business 940 SHADEVILLE HWY CRAWFORDVILLE, FL 32327			Mailing Address P.O. BOX 1596 CRAWFORDVILLE, FL 32326		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3549632				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TAYLOR, KAREN 23 TOLKEIN WAY CRAWFORDVILLE, FL 32327			Name Thurmond, Brent Street Address (P.O. Box Number is Not Acceptable) 27 Brentwood Lane 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Date 1-20-06			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S <input type="checkbox"/> 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	T <input type="checkbox"/> 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 <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THURMOND, BRENT	NAME	President Thurmond, Brent		
STREET ADDRESS	27 BRENTWOOD LANE	STREET ADDRESS	27 Brentwood Lane		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	Crawfordville FL 32327		
TITLE	S <input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Vice President Joe Shingles		
STREET ADDRESS		STREET ADDRESS	1008 Wakulla Spring Rd		
CITY-ST-ZIP		CITY-ST-ZIP	Crawfordville FL 32327		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		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 exemptions contained in Chapter 119, 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 the empowered.					
SIGNATURE: 		Date 1-20-06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	