


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**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
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**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3549632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BRENT, THURMOND**  
 27 BRENTWOOD LANE  
 CRAWFORDVILLE, FL 32327

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

UD00000589815  
 01/18/07-80031-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACKIN, PEGGY 116 WILDWOOD DR. CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEISTER, BEVERLY 100 MONOCOUE RD PANACEA, FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THURMOND, BRENT 27 BRENTWOOD LANE CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLES, LINDA 215 MARIAH CREEK RD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHINGLES, JOE 1007 WAKULLA SPRINGS RD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 like empowered.

**SIGNATURE:** Beverly Keister - Beverly Keister 1/11/07 850-921-4746  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #