


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90019 002 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3549632	
				Applied For 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		
BRENT, THURMOND 27 BRENTWOOD LANE CRAWFORDVILLE, FL 32327			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	President - D	<input checked="" 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 MONOCOUCPE RD		STREET ADDRESS		
CITY-ST-ZIP	PANACEA, FL 32346		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Director - D	<input checked="" 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	<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	VP	<input type="checkbox"/> Delete	TITLE	Director - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINGLES, JOE		NAME		
STREET ADDRESS	1007 WAKULLA SPRINGS RD		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President - VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Cheryl Olah	
STREET ADDRESS			STREET ADDRESS	286 Arran Rd	
CITY-ST-ZIP			CITY-ST-ZIP	Crawfordville, FL 32327	
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: <i>Peggy Mackin</i>			Date: <i>March 7 2008</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		