

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90074 010 ****61.25

DOCUMENT # **N98000006686**

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



Principal Place of Business
**3295 CRAWFORDVILLE HWY
SUITE 2
CRAWFORDVILLE FL 32327**

Mailing Address
**P.O. BOX 1596
CRAWFORDVILLE FL 32326**

2. Principal Place of Business
940 Shadeville Hwy

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

City & State
Crawfordville, FL

City & State

Zip
32327

Country
USA

4. FEI Number **59-3549632**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**KRAMER, TERESA
386 WHITE OAK DRIVE
CRAWFORDVILLE FL 32327**

7. Name and Address of New Registered Agent

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 _____ DATE _____
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 Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE D | <input type="checkbox"/> Delete MACKIN, PEGGY 116 WILDWOOD DR. CRAWFORDVILLE FL 32327 |
| TITLE D | <input type="checkbox"/> Delete ALLEN, RUBY 1143 SOPCHOPPY HWY. SOPCHOPPY FL 32358 |
| TITLE T/D | <input type="checkbox"/> Delete TAYLOR, KAREN 23 TOLKIEN WAY CRAWFORDVILLE FL 32327 |
| TITLE SD | <input checked="" type="checkbox"/> Delete HANNAH, JEANNE 75 MULBERRY CIRCLE CRAWFORDVILLE FL 32327 |
| TITLE D | <input checked="" type="checkbox"/> Delete GANDY, SALLY 51 POMPANO DRIVE PANACEA FL 32346 |
| TITLE CD | <input checked="" type="checkbox"/> Delete GREENMAN, HAROLD 336 MARY ANN DRIVE CRAWFORDVILLE FL 32327 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hayes, Samuel 4285 Bark Drive, West Tallahassee, FL 32305 |
| TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kublin, Mary 10 Laird Lane Crawfordville, FL 32327 |
| TITLE C/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cleaveland, Helen 69 Connie Dr Crawfordville, FL 32327 |

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: **Helen Cleaveland**

850-926-8505

CR2E037 (10/02)

ATTACHMENT

10091106
N98000006686

10. ADDITIONAL OFFICERS AND DIRECTORS

S/D

Boles, Linda
215 Mariah Creek
St. Marks, FL 32355

D

Charbonneau, Gene
1325 Coastal Highway
Panacea, FL 32346

D

Shingles, Joe
1009 Wakulla Springs Rd,
Crawfordville, FL 32327

D

Snyder, Ruby
14 River Road
Panacea, FL 32346

T/D

Thurmond, Brent
27 Brentwood Lane
Crawfordville, FL 32327

D

Kessler, Howard
251 Levy Bay Road
Panacea, FL 32346