

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721122

Entity Name: WAKULLA SENIOR CITIZENS COUNCIL, INC**Current Principal Place of Business:**33 MICHAEL DRIVE
CRAWFORDVILLE, FL 32327**Current Mailing Address:**33 MICHAEL DRIVE
CRAWFORDVILLE, FL 32327 US**FEI Number:** 59-1316667**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PROPER LAW
3233 THOMASVILLE RD
TALLAHASSEE, FL 32308-7953 US*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.***SIGNATURE:** ERIC S. HAUG

04/16/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name SHUFF, JOHN W
Address 87 TUPELO DR.
City-State-Zip: CRAWFORDVILLE FL 32327

Title VC
Name PATTERSON, PAT D
Address 69 DESMOND ST.
City-State-Zip: CRAWFORDVILLE FL 32327-2070

Title SECRETARY
Name PRESTON, MARVA
Address 84 CARRIAGE DR.
City-State-Zip: CRAWFORDVILLE FL 32327

Title D
Name MESSERSMITH, QUINCEE
Address 18 GULF BREEZE DRIVE
City-State-Zip: CRAWFORDVILLE FL 32327

Title D
Name JOHNSON, RAY
Address 15 OAK STREET
City-State-Zip: CRAWFORDVILLE FL 32327

Title D
Name JAMES, GREG
Address 14 PAMELA PL
City-State-Zip: SOPCHOPPY FL 32358

Title D
Name OLAH, CHERYLL
Address 286 AARON ROAD
City-State-Zip: CRAWFORDVILLE FL 32327

Title TREASURER
Name DAVIS, JIM
Address 1733 OLD PLANK RD.
City-State-Zip: CRAWFORDVILLE FL 32327

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN W SHUFF

CHAIRMAN

04/16/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name MACKIN, PEGGY
Address 116 WILDWOOD ROAD
City-State-Zip: CRAWFORDVILLE FL 32327

Title D
Name WATKINS, MIKE
Address THEMIKEWATKINS@GMAIL.COM
City-State-Zip: CRAWFORDVILLE FL 32327

Title D
Name SAVARY, ASHLEY
Address 40 TIGER HAMMOCK RD.
City-State-Zip: CRAWFORDVILLE FL 32327

Title D
Name GAST, BECKY B
Address 47 SADDLETREE TRAIL
City-State-Zip: CRAWFORDVILLE FL 32327

Title D
Name GABY, JULIE
Address 208 ROLAND HARVEY RD.
City-State-Zip: CRAWFORDVILLE FL 32327

Title D
Name COLANGLEO, DENISE M
Address 46 DANS DRIVE
City-State-Zip: CRAWFORDVILLE FL 32327

Title D
Name LAWHON, JACKIE
Address 7990 SMITH CREEK HWY
City-State-Zip: SOPCHOPPY FL 32358