

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006686

**FILED**  
**Feb 15, 2019**  
**Secretary of State**  
**1110583826CC**

**Entity Name:** HABITAT FOR HUMANITY OF WAKULLA COUNTY,  
INCORPORATED

**Current Principal Place of Business:**

940 SHADEVILLE HWY  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

P.O. BOX 1596  
CRAWFORDVILLE, FL 32326

**FEI Number: 59-3549632**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MACKIN, PEGGY  
116 WILDWOOD DRIVE  
CRAWFORDVILLE, FL 32327 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: PEGGY MACKIN**

**02/15/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name MACKIN, PEGGY  
Address 116 WILDWOOD DR.  
City-State-Zip: CRAWFORDVILLE FL 32327

Title PRESIDENT, DIRECTOR  
Name OLAH, CHERYL  
Address 286 ARRON RD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title TREASURER, DIRECTOR  
Name STOKLEY, ALICE  
Address 255 EDGAR POOLE RDE.  
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR  
Name STRICKLAND, LARRY  
Address PO BOX 473  
City-State-Zip: CRAWFORDVILLE FL 32326

Title DIRECTOR  
Name STRICKLAND, JOANNE  
Address PO BOX 473  
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR  
Name LINKA, LESLIE  
Address 229 J. K. MOORE RD.  
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR  
Name HOWARD, SHIRLEY  
Address PO BOX 1131  
City-State-Zip: CRAWFORDVILLE FL 32326

Title DIRECTOR  
Name BROWN, CLAUDE  
Address 113 REHWINKLE RD.  
City-State-Zip: CRAWFORDVILLE FL 32327

*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: ALICE STOKLEY**

**TREASURER**

**02/15/2019**

Electronic Signature of Signing Officer/Director Detail

Date