

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006686

Entity Name: HABITAT FOR HUMANITY OF WAKULLA COUNTY,
INCORPORATED

FILED
Feb 10, 2023
Secretary of State
9123473185CC

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:

OLAH, CHERYLL
286 AARAN RD.
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: CHERYLL OLAH

02/10/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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 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

Title DIRECTOR
Name CLARK, JUDY
Address 10 RAZORBACK RD.
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR
Name HARDIN, RICHARD
Address PO BOX 98
City-State-Zip: SOPCHOPPY FL 32358

Title DIRECTOR
Name APPLETON, MARY
Address 94 PINEWAY ST.
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: CHERYLL OLAH

PRESIDENT

02/10/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name APPLETON, CRAIG
Address 94 PINEWAY ST.
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR
Name TAMMY, GODWIN
Address 173 JUNIPER DRIVE
City-State-Zip: CRAWFORDVILLE FL 32327