

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006686

FILED
Jan 29, 2013
Secretary of State
CC7657263697

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: No

Name and Address of Current Registered Agent:

BRENT, THURMOND
27 BRENTWOOD LANE
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title T
Name KEISTER, BEVERLY
Address 100 MONOCOUCPE CIRCLE
City-State-Zip: PANACEA FL 32346

Title D
Name KIRBY, NORMA
Address 117 MONOCOUCPE CIRCLE
City-State-Zip: PANACEA FL 32346

Title S
Name BOLES, LINDA
Address 215 MARIAH CREEK RD
City-State-Zip: CRAWFORDVILLE FL 32327

Title D
Name SCHATZMAN, SUSAN
Address 105 HICKORYWOOD DR
City-State-Zip: CRAWFORDVILLE FL 32327

Title VP
Name OLAH, CHERYL
Address 286 ARRON 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: BEVERLY KEISTER

TREASURER

01/29/2013

Electronic Signature of Signing Officer/Director Detail

Date