

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006686

**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 MONOCOUCHE CIRCLE  
City-State-Zip: PANACEA FL 32346

Title D  
Name KIRBY, NORMA  
Address 117 MONOCOUCHE 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

02/11/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date