

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004230

**Entity Name:** HABITAT FOR HUMANITY OF KEY WEST AND LOWER FLORIDA KEYS, INC.

**FILED**  
**Feb 05, 2024**  
**Secretary of State**  
**6096674994CC**

**Current Principal Place of Business:**

471 OVERSEAS HWY STE. 102  
KEY WEST, FL 33040

**Current Mailing Address:**

P.O. BOX 5873  
KEY WEST, FL 33045 US

**FEI Number: 65-0443188**

**Certificate of Status Desired: No**

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

WELBURN, KRISTINA  
2828 SEIDENBERG AVE  
KEY WEST, FL 33040 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            SECRETARY  
Name            MOORE, DONNA  
Address        1020 SUGARLOAF BLVD  
City-State-Zip: SUGARLOAF KEY FL 33042

Title            PRESIDENT  
Name            HILL, TERRI  
Address        411 SIMONTON ST.  
City-State-Zip: KEY WEST FL 33040

Title            TREASURER  
Name            WAHRER, NICK  
Address        909 THOMAS ST. #3  
City-State-Zip: KEY WEST FL 33040

Title            VP  
Name            DEBBIE, BATTY  
Address        4 EVERGREEN CT  
City-State-Zip: KEY HAVEN FL 33040

*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: DONNA MOORE**

**SECRETARY**

**02/05/2024**

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

\_\_\_\_\_  
Date