

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004230

**FILED**  
**Jan 28, 2020**  
**Secretary of State**  
**9015241901CC**

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

**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 WERNICOFF, TEVIS  
Address 1209 GEORGIA ST.  
City-State-Zip: KEY WEST FL 33040

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 HEGRENES, TORY  
Address 131 GOLF CLUB DRIVE  
City-State-Zip: KEY WEST 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: TERRI HILL**

**PRESIDENT**

**01/28/2020**

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

\_\_\_\_\_  
Date