

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004286

**Entity Name:** HABITAT FOR HUMANITY OF FRANKLIN COUNTY FLORIDA,  
INCORPORATED**FILED**  
**Feb 26, 2013**  
**Secretary of State**  
**CC4030076575****Current Principal Place of Business:**78 11TH STREET  
SUITE 3A  
APALACHICOLA, FL 32320**Current Mailing Address:**78 11TH STREET  
SUITE 3A  
APALACHICOLA, FL 32320 US**FEI Number: 38-3672119****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BANKS, KRISTA BESQ  
171 HIGHWAY 98  
SUITE A  
EASTPOINT, FL 32328 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 DT  
Name GAY, DONNIE  
Address 274 NORTH BAYSHORE DR.  
City-State-Zip: EASTPOINT FL 32328Title DP  
Name ASHLEY, PAMELA A  
Address 153 RIO VISTA DRIVE  
City-State-Zip: SOPCHOPPY FL 32358Title DVPS  
Name RUSS, CORA L  
Address 198 5TH STREET  
City-State-Zip: APALACHICOLA FL 32320Title D  
Name DEVAUGHN, STACIE  
Address 181 AVENUE G  
City-State-Zip: APALACHICOLA FL 32320Title D  
Name BROWN, MAX M  
Address 25 INDIAN MOUND DRIVE  
City-State-Zip: EASTPOINT FL 32328Title D  
Name COX, DAN  
Address PO DRAWER CC  
City-State-Zip: CARRABELLE FL 32322

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: PAMELA A ASHLEY****BOARD CHAIR****02/26/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date