

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004286

FILED
Apr 26, 2016
Secretary of State
CC4147409168

Entity Name: HABITAT FOR HUMANITY OF FRANKLIN COUNTY FLORIDA, INCORPORATED

Current Principal Place of Business:

171 HWY 98
EASTPOINT, FL 32328

Current Mailing Address:

PO BOX 178
EASTPOINT, FL 32328 US

FEI Number: 38-3672119

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BANKS, KRISTY
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: KRISTY BANKS

04/26/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name GAY, DONNIE
Address 274 NORTH BAYSHORE DR.
City-State-Zip: EASTPOINT FL 32328

Title DIRECTOR
Name DEVAUGHN, STACIE
Address 181 AVENUE G
City-State-Zip: APALACHICOLA FL 32320

Title DIRECTOR, TREASURER
Name BROWN, MAX M
Address 25 INDIAN MOUND DRIVE
City-State-Zip: EASTPOINT FL 32328

Title D
Name COX, DAN
Address PO DRAWER CC
City-State-Zip: CARRABELLE FL 32322

Title DIRECTOR
Name WILLIAMS, MELANIE
Address 275 AVE M
City-State-Zip: APALACHICOLA FL 32320

Title DIRECTOR
Name BEAN, MASON
Address PO BOX 629
City-State-Zip: EASTPOINT FL 32328

Title DIRECTOR
Name THOMAS, R WAYNE
Address 199 NORTH BAYSHORE DR
City-State-Zip: EASTPOINT FL 32328

Title DIRECTOR
Name BANKS, KRISTY
Address 120 15TH STREET
City-State-Zip: APALACHICOLA FL 32320

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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: MAX M BROWN

CHAIRMAN

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HENGLE, SANDI
Address 109 12TH STREET
City-State-Zip: APALACHICOLA FL 32328