

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004286

FILED
Mar 15, 2018
Secretary of State
CC7376104144

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: No

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

03/15/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR, VC
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

Title DIRECTOR
Name EVANOFF, DAPHNE
Address PO BOX 1111
City-State-Zip: EASTPOINT FL 32328

Title DIRECTOR
Name BIRCHWELL, ANNE
Address 455 SAGO
City-State-Zip: EASTPOINT FL 32328

Title DIRECTOR
Name PARTINGTON, TONY
Address 34 S. BAYSHORE
City-State-Zip: EASTPOINT FL 32328

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 BROWN

CHAIRMAN

03/15/2018

Electronic Signature of Signing Officer/Director Detail

Date