

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006686

FILED
Jan 08, 2009
Secretary of State

Entity Name: HABITAT FOR HUMANITY OF WAKULLA COUNTY, INCORPORATED

Current Principal Place of Business:

940 SHADEVILLE HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1596
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 59-3549632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRENT, THURMOND
27 BRENTWOOD LANE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P-D () Delete
Name: MACKIN, PEGGY
Address: 116 WILDWOOD DR.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: KEISTER, BEVERLY
Address: 100 MONOCOUPPE RD
City-St-Zip: PANACEA, FL 32346

Title: D () Delete
Name: THURMOND, BRENT
Address: 27 BRENTWOOD LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: BOLES, LINDA
Address: 215 MARIAH CREEK RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: SHINGLES, JOE
Address: 1007 WAKULLA SPRINGS RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP () Delete
Name: OLAH, CHERYL
Address: 286 ARRON RD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: KEISTER, BEVERLY
Address: 100 MONOCOUPPE CIRCLE
City-St-Zip: PANACEA, FL 32346

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BEVERLY KEISTER

T

01/08/2009

Electronic Signature of Signing Officer or Director

Date