

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006686

Entity Name: HABITAT FOR HUMANITY OF WAKULLA COUNTY,
INCORPORATED**Current Principal Place of Business:**940 SHADEVILLE HWY
CRAWFORDVILLE, FL 32327**Current Mailing Address:**P.O. BOX 1596
CRAWFORDVILLE, FL 32326**FEI Number: 59-3549632****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BRENT, THURMOND
27 BRENTWOOD LANE
CRAWFORDVILLE, FL 32327 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	P-D
Name	MACKIN, PEGGY
Address	116 WILDWOOD DR.
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	D
Name	KIRBY, NORMA
Address	117 MONOCOUPÉ CIRCLE
City-State-Zip:	PANACEA FL 32346

Title	D
Name	SCHATZMAN, SUSAN
Address	105 HICKORYWOOD DR
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	T
Name	KEISTER, BEVERLY
Address	100 MONOCOUPÉ CIRCLE
City-State-Zip:	PANACEA FL 32346

Title	S
Name	BOLES, LINDA
Address	215 MARIAH CREEK RD
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	VP
Name	OLAH, CHERYL
Address	286 ARRON RD
City-State-Zip:	CRAWFORDVILLE FL 32327

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: BEVERLY KEISTER**TREASURER****03/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date