

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90014 005 \*\*\*\*61.25

DOCUMENT # N98000006686 ✓

1. Corporation Name

HABITAT FOR HUMANITY OF WAKULLA COUNTY, INCORPORATED

Principal Place of Business  
3609 COASTAL HWY.  
CRAWFORDVILLE FL 32327

Mailing Address  
3609 COASTAL HWY.  
CRAWFORDVILLE FL 32327

5 8 586237 - 90014 - 3 7 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/24/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3549632	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

KRAMER, TERESA  
500 S. DUVAL ST.  
TALLAHASSEE FL 32399-1900

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACE, JOHN	1.2 NAME	Louis A. (Sonny) Jones
STREET ADDRESS	2889 CRAWFORDVILLE HWY.	1.3 STREET ADDRESS	2140 Crawfordville Hwy
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	1.4 CITY-ST-ZIP	Crawfordville, FL 32327
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHN, HAROLD	2.2 NAME	Rebecca Sweat
STREET ADDRESS	3609 COASTAL HWY.	2.3 STREET ADDRESS	2917 Coastal Hwy
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	2.4 CITY-ST-ZIP	Crawfordville, FL 32327
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MACKIN, PEGGY	3.2 NAME	
STREET ADDRESS	116 WILDWOOD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BURNEY, CHRIS	4.2 NAME	
STREET ADDRESS	1063 SOPCHOPPY HWY.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY FL 32358	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	ALLEN, RUBY	5.2 NAME	
STREET ADDRESS	1143 SOPCHOPPY HWY.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY FL 32358	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	RYDER, TONI	6.2 NAME	
STREET ADDRESS	468 HICKORY WOOD DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99 856-926-6079  
Date Daytime Phone #

CR2E037 (11/98)

0009119